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**BEYOND SHAME: A THERAPEUTIC MOBILE APPLICATION FOR THE
DEVELOPMENT OF SHAME RESILIENCE**

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

ELEANOR D. TRIPP, Psy.M.

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY**

Dayton, Ohio

July, 2020

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Abstract

Shame is an intensely painful emotion that underlies many forms of psychopathology and maladaptive behavior. As a result, researchers have sought to gain a more thorough understanding of this self-conscious emotion and how it impacts functioning. Several evidence-based treatment modalities have been identified as helpful in the treatment of shame and in the development of shame resilience. However, there continues to be a need for this information to be more readily accessible. The current project involved developing the content and design for *Beyond Shame*, a mobile application (app) aimed at helping English-speaking adults to develop shame resilience. The mobile app includes five features: Learn Shame, Support Network, Coping Toolkit, Daily Engagement, and Support Over Shame (S.O.S.). The content and design development were informed by a thorough review of the literature on shame, shame resilience, evidence-based practices, and mobile app efficacy. The resulting mobile app wireframe is presented in a manual format (see Appendix C). A discussion of the creative process, user experience development, strengths, weaknesses, and limitations is included. Future directions are explored, including ideas for additional features to be incorporated into future versions of *Beyond Shame*, a plan for evaluating its efficacy in increasing shame resilience, and a plan for disseminating it to relevant professionals and the general public.

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Acknowledgements

I am extremely grateful to all of the people who have supported me on this journey, both professionally and personally. I am grateful to my dissertation chair, Dr. Cheryl Meyer, for her expertise and guidance, her dedication to this project and to me as a student, and her humor. I am also thankful for the support of my committee persons, Dr. Wendy Dragon and Dr. Anthony Ragusea. Dr. Dragon's knowledge of treatment models in support of shame resilience development and her interest in developing *Beyond Shame* helped keep me excited and motivated. Dr. Ragusea's knowledge of the use of technology in mental health helped guide my creative process. Their dedication allows me to take great pride in this project. Kris Hatcher's technical guidance helped me branch outside of my comfort zone with app design. Ultimately, I cannot thank Kim Quam enough for her creativity and graphic design skills; *Beyond Shame* would not have come to fruition without her commitment.

I have also benefited from the knowledge and creativity of several friends and colleagues. I would like to acknowledge Tania Welch, Pat Elliott, Ray Lockman, Melanie Dae, Amelia Schultz, Rakhel Shapiro, Sarah Thieben, Kurt Hatcher, Kerry Peterson, Gwen Ashby, Becca Swanson, Alfonso Ferguson, Angie Brown, Michelle Pautz, and Drs. Lynda and Bill Talmadge for brainstorming, editing, and supporting me throughout. Elisa Davis, my accountability buddy – I am so grateful we got to cheer each other on. My wolfpack (you know who you are), thank you for always lifting me up.

Finally, I would like to thank my family for their patience, support, and humor throughout the course of my doctoral program. Austin, Mom, and Dad – I simply could not have done it without you. Thank you for always believing in me.

Chapter I

Statement of the Problem

Shame is a painful human emotion at the core of many mental health issues and interpersonal problems. When misunderstood or unacknowledged, shame can impede mental health treatment and positive outcomes, and can have a negative impact on overall wellbeing (Kaufman, 1992; H. B. Lewis, 1971; Tangney & Dearing, 2002). Researchers have found that while shame cannot be eliminated, the development of shame resilience can help alleviate the harmful impact of shame on psychosocial functioning (Brown, 2006; Dayal, Weaver, & Domene, 2015; Van Vliet, 2009). Gaining a personal understanding of the definition of shame, common signs of and responses to shame, and areas in which individuals frequently experience shame can help improve shame resilience and alleviate suffering. Additionally, fostering consistent coping practices related to the development of empathy, self-compassion, and mindfulness can facilitate increased shame resilience and adaptive responding when shame is experienced (Brown, 2006; Dayal et al., 2015; Gutierrez & Hagedorn, 2013; Neff & Germer, 2013; Van Vliet, 2009; Zupancic & Kreidler, 1999).

Although individual and group mental health treatment that incorporates treatment of shame is preferred, having additional resources to aid individuals in healing from shame experiences and in developing shame resilience are needed. Given the ubiquitous nature of circumstances that have been shown to trigger shame (Brown, 2006; Van Vliet, 2009), having a therapeutic mobile application (mobile app) could potentially

improve an individual's ability to practice the skills necessary for developing shame resilience in daily life. Currently, no therapeutic mobile app exists to aid in the development of shame resilience practices.

Aim and Purpose

The aim of this dissertation is to design a therapeutic mobile app for the development of shame resilience. The mobile app design includes psychoeducation on shame and shame resilience, interactive tools for daily shame resilience development, and a “shame spiral” emergency feature for use in the aftermath of a triggering shame event. The mobile app is designed as a universal coping tool for English-speaking adults. While general information is provided regarding the role of shame in mental health, the mobile app is not specifically geared toward individuals experiencing a particular form of psychopathology. Rather, this mobile app facilitates the implementation of empirically supported coping tools for the development of shame resilience. Additionally, the mobile app includes features that encourage social support and connection with others who are also engaged in the process of actively developing increased shame resilience skills.

Chapter II

Literature Review

Self-Conscious Emotions

Shame is considered a negative self-conscious emotion along with guilt and embarrassment (M. Lewis, 1995; Tangney & Dearing, 2002; Tangney, Miller, Flicker, & Barlow, 1996). These emotions are considered self-conscious due to accompanying self-evaluation and self-reflection, either consciously or unconsciously, and can serve as an emotional moral barometer (H. B. Lewis, 1971; Tangney, Stuewig, & Mashek, 2007). Typically, shame, guilt, and embarrassment occur in response to an actual or perceived failure or moral transgression (Tangney, Miller, et al., 1996). While all painful, these three emotions are experienced in distinct ways with varying outcomes for psychosocial functioning, despite frequently being spoken of interchangeably among laypeople and clinicians (Brown, 2004; H. B. Lewis, 1971; Tangney, Miller, et al., 1996). Understanding the distinction between these emotions is an important facet of treating shame and developing shame resilience (Brown, 2006; Kaufman, 1992; Tangney & Dearing, 2002).

Shame. Although Freud (1905/1953) mentioned shame in early work proximate to sexual impulses, he later neglected the distinct concept of shame to focus almost exclusively on guilt (Freud, 1923/1961), thereby potentially contributing to the confusion between these two constructs. H. B. Lewis's (1971) groundbreaking work, *Shame and Guilt in Neurosis*, provided the first clear distinction between shame and guilt, and this

distinction sustains extensive empirical support in the field (Brown, 2004, 2006; Lindsay-Hartz, de Rivera, & Mascolo, 1995; Tangney & Dearing, 2002; Tangney, Miller, et al., 1996). She wrote:

The experience of shame is directly about the *self*, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the *thing* done or undone is the focus. In guilt, the self is negatively evaluated in connection with something but is not itself the focus of the experience. (H. B. Lewis, 1971, p. 30; emphasis in original)

Brown (2004) provided a modern definition of shame as “the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (p. 15). This feeling of unworthiness is heightened by a sensation of being exposed and a distinct awareness of a flawed sense of self, prompting a desire to hide or sink through the floor (Brown, 2004; Kaufman, 1992; H. B. Lewis, 1971; Tangney & Dearing, 2002). While shame can be experienced in relation to a specific transgression or perceived error, and, thus, overlap with guilt, the overriding sensation with shame is that one has failed to adhere to some cultural or social standard in some way (Brown, 2004; Kaufman, 1992; H. B. Lewis, 1971; Spero, 1984; Van Vliet, 2009). Therefore, the internal dialogue accompanying shame is oriented toward “I am bad” as opposed to guilt’s associative dialogue of “I did something bad” (Brown, 2004; H. B. Lewis, 1971; Stadter, 2011; Tangney & Dearing, 2002; Tangney, Miller, et al., 1996; Tangney et al., 2007).

Guilt. Guilt is typically a less painful emotion than shame in that it is an experience in response to a particular action or behavior (Tangney, Miller, et al., 1996).

The individual focuses on the transgression and the accompanying impact on others, as opposed to one's entire self-concept or sense of identity (Barrett, 1995; Brown, 2004; H. B. Lewis, 1971; Tangney & Dearing, 2002; Tangney, Miller, et al., 1996; Tangney et al., 2007). Subsequently, those experiencing guilt are likely to exhibit preoccupation, rumination, and regret over the misbehavior (Brown, 2004; H. B. Lewis, 1971; Tangney & Dearing, 2002; Tangney, Miller, et al., 1996). Physically, the experience of guilt may result in an increased heart rate with a sensation of heaviness in the body (Barrett, 1995). In response, individuals typically engage in adaptive behavior, such as seeking to make reparations or amends for the transgression committed (Barrett, 1995; Brown, 2004; H. B. Lewis, 1971; Parker & Thomas, 2009; Tangney, 1991; Tangney & Dearing, 2002; Tangney, Miller, et al., 1996; Tangney et al., 2007). Additionally, guilt can prompt a self-evaluative process wherein one assesses the misbehavior, thereby potentially impacting future actions and not engaging in the guilt-eliciting behavior going forward (Barrett, 1995; Tangney & Dearing, 2002).

Embarrassment. Although embarrassment is commonly confused with shame and guilt, research has shown that it is more clearly distinguishable. Embarrassment is viewed as a uniquely social emotion; it is experienced when one feels scrutinized by observers based on the presentation of oneself in ways that are perceived as socially undesirable (M. Lewis, 1995; Miller, 1995; Tangney, Miller, et al., 1996). Therefore, embarrassment is contingent upon an individual's level of concern with social desirability in a given setting. For example, one may be more susceptible to embarrassment in front of work colleagues than with trusted friends because colleagues may be more inherently evaluative (Miller, 1995; Tangney et al., 2007). Embarrassment is most commonly

associated with normative public deficiencies, such as calling someone by the wrong name, falling down in public, or speaking loudly just as the room goes quiet (Miller, 1995; Tangney et al., 2007). It typically results in an averted gaze, a sheepish grin, or nervous movements, like touching the face or body (M. Lewis, 1995; Miller, 1995). Although embarrassment can be painful, it is an emotion that passes rather quickly and is often viewed as comical in short order (Brown, 2004; M. Lewis, 1995; Miller, 1995; Tangney, Miller, et al., 1996). Embarrassing situations and the accompanying emotion are generally understood to be shared human experiences whereas emotional responses to moral transgressions, such as shame and guilt, tend to feel more isolating and individualized (Barrett, 1995; M. Lewis, 1995; Tangney, Miller, et al., 1996).

Importance of differentiating self-conscious emotions. Self-conscious emotions share a historical distinction as moral emotions meant to “keep people in line” (Tangney & Dearing, 2002). Embarrassment, or rather the aversion toward experiencing embarrassment, has been shown to promote social adherence and to motivate individuals to repair the situation to increase social desirability (Miller, 1995; Semin & Manstead, 1981). For example, Semin and Manstead (1981) found that individuals who displayed embarrassment and repaired the eliciting situation of knocking over a grocery store display were viewed as more likable than those who approached the situation with a lack of embarrassment. Although embarrassment can be painful, it has been shown to be adaptive overall (Miller, 1995).

Conversely, research indicates that proneness to shame or guilt has different implications for behavior (Stuewig et al., 2015; Tangney & Dearing, 2002). In a longitudinal study, Tangney and Dearing (2002) studied proneness to shame and guilt in

fifth grade (ages 10-12) as a predictive agent of risky behaviors reported at follow-up in late adolescence (ages 18-21). The authors found that children who reported greater shame in childhood were more likely to be suspended, begin drinking alcohol earlier, use a wider array of illegal substances (including increased likelihood of heroin use), drive under the influence of alcohol or drugs, engage in unprotected sex, and attempt suicide. These children were also less likely to participate in community service or apply to college than their guilt-prone peers (Tangney & Dearing, 2002).

On the other hand, greater proneness to guilt in childhood served as a protective factor for risky behaviors. These participants were less likely to use alcohol, or tended to start using at a later age, than their shame-prone peers; they used fewer drugs overall and were less likely to drive under the influence, to attempt suicide, or to be involved with the criminal justice system. They had fewer sexual partners and were less likely to engage in unprotected sex. Conversely, they were more likely to be involved in community service and to apply to college (Tangney & Dearing, 2002). These results indicated that, while shame and guilt may be easily confused and often overlap, a propensity to experience shame predicted poorer outcomes overall and did not “keep people in line” (Stuewig et al., 2015; Tangney & Dearing, 2002).

Given the negative impact of shame, beginning to recognize and differentiate it from other self-conscious emotions can improve one’s ability to understand and express the emotional experience in adaptive ways. Developing an understanding of how shame is physically experienced, influences behavior, and is commonly triggered can help with developing shame resilience, thus lessening its negative impact (Brown, 2006; Dayal et al., 2015; Tangney & Dearing, 2002; Van Vliet, 2009).

Developing Shame Resilience

Shame generally operates in a cyclical fashion. Unacknowledged shame elicits maladaptive coping behaviors, which contribute to further feelings of shame, thus perpetuating the shame cycle (Dayal et al., 2015; Gutierrez & Hagedorn, 2013; H. B. Lewis, 1971; Potter-Efron, 1989; Stuewig et al., 2015; Wiechelt, 2007). Living within this cycle often occurs unconsciously, causing individuals to feel powerless, isolated, and trapped (Brown, 2004). Although it is not possible to completely eliminate shame, it is possible to become more resilient to it and to minimize its cyclical nature and negative impact (Brown, 2004, 2006; Kaufman, 1992; H. B. Lewis, 1971; Van Vliet, 2008, 2009).

In shame resilience theory, Brown (2006) identified that it was possible to increase shame resilience in a number of ways. First, by developing the ability to identify and articulate experiences of shame, individuals can increase conscious awareness and understanding of their personal experiences, including recognizing maladaptive coping (Brown, 2006; Kaufman, 1992; Linehan, 1993a). The ability to articulate the experiences leads to, second, being able to connect with empathic others and share about one's shame, thus helping alleviate the pain associated with shame. Therefore, being able to identify and develop empathic relationships is vital in developing shame resilience as empathy has been shown to be an antidote for shame (Brown, 2006; Tangney & Dearing, 2002; Van Vliet, 2008). Third, developing critical awareness, or the awareness of one's personal experiences as influenced by sociocultural forces, has been shown to increase levels of shame resilience. And fourth, acknowledging areas in which one feels a personal vulnerability to experience shame increases individual acceptance and awareness of situations that are likely to trigger shame (Brown, 2006; Van Vliet, 2008).

Identifying shame. Linehan (1993a) identified that a primary factor in improving emotion regulation skills was being able to recognize and label emotional experience. Understanding the physiological, emotional, and cognitive components of shame is paramount in developing the ability to regulate this emotional experience. When a shame-triggering event occurs, such as a condescending comment from an employer or a loved one, an internal shame spiral commences (Kaufman, 1992). Thoughts and feelings related to the event trigger one another in a cyclical fashion as the individual repeatedly relives the shaming experience, often resulting in feelings of confusion and difficulty speaking. There is an urge to disappear or make oneself small, resulting in slumped posture, lowered head, averted gaze, or physically leaving the situation in order to withdraw from social interaction and appraisal (Barrett, 1995; Kaufman, 1992; Nathanson, 1997; Tangney, Miller, et al., 1996). Individuals often report increased feelings of powerlessness, worthlessness, isolation, and inferiority accompanied by ruminative and negative self-talk. Typically, there is a coinciding change in heart rate along with blushing and sweating (Barrett, 1995; Brown, 2004; Kaufman, 1992; H. B. Lewis, 1971; Tangney & Dearing, 2002; Tangney, Miller, et al., 1996).

In addition to isolated incidences of shame, repeated experiences of shame can result in internalized shame that is not generally in conscious awareness or in relation to an immediate trigger. For example, when a young boy is told, “boys don’t cry” whenever he becomes tearful, he learns through classical conditioning that crying and the accompanying emotions are shameful (Koerner, Tsai, & Simpson, 2011; Pavlov, 1927). As this message is conditioned, he is increasingly likely to experience feelings of shame whenever he becomes tearful as a result of feeling sad or scared. Consequently, he

develops shameful self-talk, such as “Stop being a wimp and pull yourself together,” thereby reinforcing the internalized shame messages. Internalized shame contributes to a sense of being deeply defective as a person, which can cause intense feelings of self-doubt, inadequacy, and rejection. This can result in a persistent sense of loneliness and isolation, likely prompting the individual to avoid the shame-eliciting situation in the future (Kaufman, 1992; Koerner et al., 2011). An individual’s cultivation of the ability to identify shame and its impact on behavior, interpersonal functioning, and mental health can improve one’s ability to cope adaptively and regulate emotion (Brown, 2006; Dayal et al., 2015; Linehan, 1993a, 1993b; Van Vliet, 2008).

Impact on behavior and interpersonal functioning. People exhibit a variety of maladaptive behaviors in response to shame and the associated fear of disconnection from others (Spero, 1984; Stadter, 2011; Stuewig et al., 2015; Tangney & Dearing, 2002). Human beings have a fundamental need for connection and, according to object relations theory, individual representations of interpersonal relationships will influence behavior in order to maintain connection (Fairbairn, 1954; Spero, 1984; Winnicott, 1953). Hartling, Rosen, Walker, and Jordan (2004) conceptualized the maladaptive interpersonal behavior in response to shame using Horney’s (1945) theory of neurosis. Horney (1945) identified that individuals get their neurotic needs met by moving away from, moving toward, and moving against other people. Hartling et al. (2004) suggested that individuals attempt to get shame-associated neurotic needs met—such as regaining power, connection, and safety—in similar ways.

Moving away. Researchers have found that the extremely painful feeling of exposure associated with shame elicits a desire to hide or move away from others (H. B.

Lewis, 1971; Lindsay-Hartz et al., 1995; Stadter, 2011; Tangney & Dearing, 2002; Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). Shame is often precursory to avoiding triggering situations and subsequent interpersonal interactions. This avoidance can manifest in a literal demonstration by leaving the situation or hiding; figuratively, individuals may avoid by withdrawing into the self, ruminating, or keeping secrets. By escaping the situation, the individual hopes to avoid further interpersonal damage (Hartling et al., 2004; Parker & Thomas, 2009; Stadter, 2011; Tangney & Dearing, 2002).

Moving toward. Hartling et al. (2004) conceptualized moving toward others in response to shame as a desire to appease and please. Appeasing others, or people pleasing, is done in an attempt to maintain or reestablish a social connection that the individual fears they have lost. This could manifest in behaviors such as excessive apologizing, codependent behavior, and obsequiousness (Hartling et al., 2004). Perfectionism also falls within this category. The individual responds to the experience of shame by attempting to attain perfection in comparison with others so as to avoid criticism and additional shame (Kaufman, 1992). Moving toward others is not done to amend behavior or right a transgression but rather to affect impression management and maintain or reestablish the interpersonal connection (Hartling et al., 2004; Parker & Thomas, 2009).

Moving against. Hartling et al. (2004) identified responding to shame with anger, rage, revenge, or aggression as moving against others. H. B. Lewis (1971) and Scheff (1987) both referred to one possible shame response as “humiliated fury.” While this anger can be directed inward in the form of rumination and self-admonishment, it is also

often directed outward at the real or imagined disapproving other (Scheff, 1987; Tangney, Wagner, et al., 1996). Individuals may utilize anger in a demonstrative and externalized manner as a means of retaliation, such as responding to a shaming experience by punishing others, as seen in cases of domestic violence or sexual assault (Sabatino, 1999; Weiss, Duke, Overstreet, Swan, & Sullivan, 2016).

Additionally, shamed individuals are likely to defensively blame other people or external factors for the situation at hand (Kaufman, 1992; Tangney & Dearing, 2002; Tangney, Wagner, et al., 1996). H. B. Lewis (1971) indicated that anger responses might help the individual regain a sense of control in the wake of the perceived loss of agency, the loss of which is the result of shame. Unfortunately, beyond displacing the discomfort of shame, externalizing anger is not a rational execution, thus causing additional damage to interpersonal relationships over time (H. B. Lewis, 1971; Scheff, 1987; Tangney & Dearing, 2002). While it is possible to manage anger in adaptive and constructive ways, it is unlikely that the shamed individual will do so (Tangney & Dearing, 2002; Tangney, Wagner, et al., 1996).

Impact on mental health. Given the ubiquitous and often misunderstood nature of shame, it has been referred to in the literature as a silent epidemic (Brown, Hernandez, & Villarreal, 2011). Research indicates that repeatedly responding to shame in maladaptive ways and the ensuing interpersonal disconnection can contribute to the development of psychopathology and addictions (Brown, 2004; Wiechelt, 2007). For example, research indicates an association between shame and depressive disorders (Andrews, Qian, & Valentine, 2002). According to the cognitive model of depression, individuals feel inadequate and have a negative view of the world, the future, and the self (Beck, 1967).

Shame involves concern for being judged by others in conjunction with a negative, ruminative evaluation of the self—a behavior that has been shown to contribute to depression (Orth, Berking, & Burkhardt, 2006). Given these overlapping traits, it is understandable that there is a strong relationship between shame and depression.

Furthermore, individuals may cope with feelings of shame by consuming alcohol or drugs as a means of numbing or moving away from the painful emotion. While this may work as a short-term solution, increased consumption of mood-altering substances and the risky behaviors associated with increased substance use, such as driving under the influence or risky sexual behavior, may contribute to additional feelings of shame (Stuewig et al., 2015). According to Potter-Efron (1989), “Individuals who get caught in this pattern often drink in order to escape their shame only to find that eventually they feel even more shame because they have been drinking out of control” (p. 128). Developing mindful awareness of how and why shame is experienced, and learning adaptive coping skills, can help individuals break this cycle (Rizvi, Brown, Bohus, & Linehan, 2011).

Although an in-depth analysis of the specific relationships between shame and psychopathology is beyond the scope of this project, shame is highly related to a variety of other psychological problems. In addition to disorders of depression and addiction, shame has a strong relationship with anxiety (Schoenleber, Chow, & Berenbaum, 2014), borderline personality disorder (Rizvi et al., 2011; Rüsch et al., 2007), eating disorders (Burney & Irwin, 2000; Silberstein, Striegel-Moore, & Rodin, 1987), posttraumatic stress disorder (Lee, Scragg, & Turner, 2001; Leskela, Dieperink, & Thuras, 2002), and suicidal tendencies (Kalafat & Lester, 2000; Lester, 1997).

Empathic relationships. Empathy, or the ability to share an emotional experience with another, has been shown to inhibit maladaptive and avoidant coping while promoting the development of supportive, rewarding relationships (Feshbach, 1975; Tangney & Dearing, 2002; Wiseman, 1996). People struggle to feel empathy while experiencing shame because shame draws judgmental attention onto the self with an accompanying concern for the judgment of self by others (Brown, 2006; Tangney, 1991; Tangney & Dearing, 2002). By articulating one's shame experience to an empathic other, the individual can experience acceptance and belonging in spite of the behavior that is seen as shameful, thus minimizing the emotion's impact (Brown, 2006; Brown et al., 2011; Shapiro & Powers, 2011). Identifying even a couple of personal allies who offer unconditional positive regard, support, and respect can increase one's ability to give and receive empathy (Van Vliet, 2008). Therefore, utilizing therapeutic tools focused on increasing empathy toward others, developing self-compassion, and seeking empathic social support are key factors in the development of shame resilience (Brown, 2006; Kaufman, 1992; Van Vliet, 2008, 2009).

Critical awareness. Brown (2004) indicated that shame was often a layered and compounding experience of conflicting and competing ideological constructs based on sociocultural expectations and perceptions of who we ought to be and how we should act in a particular situation. These expectations are so layered that adherence is next to impossible, thus contributing to shame experiences and feelings of being trapped and inadequate (Brown, 2004, 2006). The web of expectations is so deeply ingrained that people operate under them unconsciously, thus not recognizing shame triggers in a given situation when expectations are unmet. For example, if a woman is unaware of the

societal expectation to be effortlessly thin and beautiful, she is unlikely to recognize that she is experiencing shame when someone comments on her weight and she feels the urge to hide. Because the layers of expectations are socially constructed, there is an intrinsic aversion to sharing these experiences with others for fear of being seen as an outsider or less than worthy, thus perpetuating isolation and disconnection (Brown, 2004; Dayal et al., 2015; Kaufman, 1992; Tangney & Dearing, 2002). Recognizing common areas in which one is likely to experience a shame trigger is also beneficial for the development of critical awareness (Brown, 2006; Tangney & Dearing, 2002; Van Vliet, 2009).

Shame triggers. Although shame is a universal human emotion, there is no universal trigger for shame (Brown, 2004, 2006; Nathanson, 1997; Van Vliet, 2008). There are, however, common areas in which people typically experience shame. Van Vliet (2008) found that shame was elicited from four main categories: Personal, social, or moral transgressions, such as stealing, cheating on one's spouse, or lying; individual failures, such as getting fired or failing out of school; rejection or social exclusion, such as getting kicked out of a religious community after coming out as gay; and trauma, such as being assaulted or raped. While Van Vliet (2008) offered broad shame trigger categories, other researchers have found that shame is typically elicited across an array of more specific areas due to socially- and culturally-instilled messages (Brown, 2004; Kaufman, 1992; Silberstein et al., 1987).

Physical health, aging, body image, and physical appearance often trigger internalized shame messages about how an individual is supposed to look, feel, or perform. For women, this is primarily in relation to a thin body ideal while men experience more pressure to be strong and physically agile; regardless of gender, ageism

often elicits shame at the mere idea of getting older (Benetti-McQuoid & Bursik, 2005; Brown, 2004; Efthim, Kenny, & Mahalik, 2001; Else-Quest, Higgins, Allison, & Morton, 2012; Kaufman, 1992; Silberstein et al., 1987). Beyond physical health and appearance, and given the widespread stigma, individuals may experience increased shame related to issues with mental health, addiction, and surviving trauma (Brown, 2004; Kaufman, 1992; Sabatino, 1999).

Furthermore, cultural expectations related to family relationships, the decision or ability to raise a family, and parenting practices can greatly increase feelings of shame (Brown, 2004; Efthim et al., 2001; Kaufman, 1992; Munschauer, 1997). Shame can be elicited through the ways in which one is parented during one's childhood, but shame may also be triggered by real or perceived judgment by others of one's own parenting choices (Brown, 2004; Tangney & Dearing, 2002). Concurrently, finances, work, and professional identity add an additional layer of shame as these often coincide with family expectations. Individuals, typically men, may operate under the expectation that professional identity, achievement, and the ability to provide financially for a family is of utmost importance (Benetti-McQuoid & Bursik, 2005; Efthim et al., 2001; Ferguson & Crowley, 1997; Kaufman, 1992). Women may also experience conflicting messages in these areas. A woman may be judged if she chooses to work while her children are in someone else's care; conversely, she may hear statements about how she is "just a mom" if she chooses to stay at home. These conflicting messages and expectations can lead to increased shame and confusion (Brown, 2004; Efthim et al., 2001; Ferguson & Crowley, 1997).

Finally, sex, sexuality, and religion along with experiences of being labeled or

stereotyped in some way can trigger shame (Brown, 2004; Tangney & Dearing, 2002). Individuals who feel that there is an ideal self that they must attain are subject to increased potential for shame when this expectation is not met (Benetti-McQuoid & Bursik, 2005; Brown, 2004; Kaufman, 1992; Van Vliet, 2009). Speaking out about any of the aforementioned categories can increase shame based on cultural and societal mores and the accepted practice of keeping issues hidden and private (Brown, 2004; Kaufman & Raphael, 1996). Developing critical awareness of potential shame triggers may help to minimize the experience and impact of shame, and individuals will become more aware of instances in which shame may arise, thus allowing them to be better prepared with adaptive responses (Brown, 2004).

Sociocultural considerations. Although the physical experience of shame is consistent for people from different backgrounds, shame triggers can vary based on sociocultural factors (Benetti-McQuoid & Bursik, 2005; Else-Quest et al., 2012; Tangney & Dearing, 2002). While an in-depth overview of all sociocultural experiences of shame is beyond the scope of this dissertation, a brief discussion of cultural context is important. Individuals will generally experience feelings of shame when they feel that they are misaligned with cultural norms or dominant groups (Kaufman, 1992; Mayer & Viviers, 2017). According to Kaufman (1992), “To be different in a culture which prizes social conformity and popularity is to be marked as lesser, stigmatized. For that reason, minorities in general...frequently experience themselves as lesser in comparison to members of the majority culture. Inferiority is always rooted in shame” (p. 215). Thus, for individuals holding marginalized identities, such as racial, ethnic, religious, ability, size, gender, and sexual minorities, instances of shame are likely to increase due to

internalized negative messages (Clapton, Williams, & Jones, 2018; Farrell, 2011; Hillier & Harrison, 2004; Langer, 2016; Longhofer, 2013; Mayer & Viviers, 2017; Mitchell, 2018; Tangney & Dearing, 2002; Wells & Hansen, 2003).

As highlighted above, heteronormative gender roles in the United States (U.S.) influence the ways in which shame is triggered and experienced (Benetti-McQuoid & Bursik, 2005; Brown, 2004; Efthim et al., 2001; Else-Quest et al., 2012; Ferguson & Crowley, 1997; Kaufman, 1992). Else-Quest et al. (2012) conducted a meta-analysis of the literature examining experiences of self-conscious emotions. These researchers found a small gender difference existed in the experience of shame for cisgender men and women with women reporting more experiences of shame in general. Women were more likely to experience shame in relation to body image and food or eating while men were more likely to experience shame in relation to emotional expression, specifically crying. However, the researchers noted that the body of literature evaluated in the meta-analysis predominantly examined the experience of self-conscious emotions within White samples or samples of unspecified ethnicity that were likely to be predominately White, thus limiting the universality of these findings (Else-Quest et al., 2012). Further, as women are socialized to be more emotionally attuned, results are also likely impacted due to women potentially being able to identify and communicate feelings of shame more openly than men (Nyström, Kjellberg, Heimdahl, & Jonsson, 2018).

Additional research, however, supports the findings of Else-Quest et al. (2012), indicating that gender role stress coincides with experiences of shame in cisgender women and men (Benetti-McQuoid & Bursik, 2005; Brown, 2004; Efthim et al., 2001; Kaufman, 1992; Nyström et al., 2018; Tangney & Dearing, 2002). In general, cisgender

women experience shame in relation to failed relationships, failed nurturance, physical unattractiveness, victimization, emotional detachment, and lacking assertiveness (Efthim et al., 2001; Gillespie & Eisler, 1992). Cisgender men, on the other hand, are more likely to experience shame in relation to physical or sexual inadequacy, intellectual inferiority, emotional inexpressiveness, not meeting expected standards at work, and subordination to women (Efthim et al., 2001; Eisler & Blalock, 1991; Eisler & Skidmore, 1987). As individuals are socialized within gender role norms from a young age (Bem, 1987), the failure to adhere to such norms would result in an increase of shame (Efthim et al., 2001). Increasing critical awareness of the ways in which sociocultural influences, including differences in gender, impact experiences of shame is therefore paramount in the development of shame resilience (Brown, 2004).

Recognizing vulnerability. Dayal et al. (2015) found that recognizing vulnerability to experiencing shame and increasing awareness of shame helped individuals focus on recovery behaviors as opposed to remaining in isolation with the shame experience. As individuals identify areas in which they are personally vulnerable to experience shame, they are less likely to be caught by surprise in the experience and more likely to respond with healthy coping (Brown, 2006; Van Vliet, 2008). Research indicates that a variety of therapeutic methods from acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999), compassion focused therapy (CFT; Gilbert, 2011), dialectical behavior therapy (DBT; Linehan, 1993a, 1993b), and mindful self-compassion (MSC; Neff & Germer, 2013) have shown a beneficial impact on the propensity to experience and endure shame in more adaptive ways (Brown et al., 2011; Gilbert & Procter, 2006; Keng & Tan, 2017; Neff & Germer, 2013; Meltzer, 2015; Rizvi

et al., 2011; Rizvi & Linehan, 2005; Van Vliet, 2008).

Self-criticism and rumination are highly related to shame-proneness (Gilbert & Miles, 2000). As negative self-evaluation and self-critical thought patterns can be an automatic reaction to shame, engaging in the DBT (Linehan, 1993a, 1993b) practice of opposite action, or responding to an undesirable emotion by engaging in an antithetical behavior to the automatic maladaptive response, can help to alleviate shame's impact (Rizvi et al., 2011; Rizvi & Linehan, 2005). Thus, developing the capacity to experience self-compassion, self-soothing, and warmth can counteract the negative responses to shame and increase feelings of safety (Gilbert & Procter, 2006; Gutierrez & Hagedorn, 2013; Neff & Germer, 2013). Primarily, this can be achieved through fostering mindfulness and acceptance (Rizvi et al., 2011).

Mindfulness and acceptance. Mindfulness is the practice of being consciously aware of the present moment by observing internal and external experiences with non-judgment and acceptance (Kabat-Zinn, 1994). Fostering the ability to experience emotion with nonjudgmental, mindful awareness can help improve shame resilience and emotion regulation (Gutierrez & Hagedorn, 2013; Keng & Tan, 2017; Linehan, 1993a; Meltzer, 2015; Van Vliet, 2008). Mindfulness is developed by the practice of meditation, which involves focusing sensory awareness on arising stimuli. While meditation can be focused on internal emotional experiences, cognitive processes, or sensations of the breath, it is also possible to utilize “focus out” techniques that concentrate on external sensory stimuli, such as meditating on objects within line of sight (Baer, 2003; Feldman, Greeson, & Senville, 2010).

For example, DBT incorporates the use of mindfulness skills through a variety of

techniques classified as “how” and “what” skills to improve awareness and acceptance of reality (Linehan, 1993a, 1993b). Practicing “how” skills can include nonjudgmentally observing stimuli, operating one-mindfully by focusing on one task at a time, or practicing effectively to “focus on what works” (Linehan, 1993b, p. 113). “What” skills, on the other hand, including mindfulness practices that describe stimuli or thoughts, observe experiences non-reactively, or participate fully in the present moment. By observing thoughts, feelings, behaviors, and sensations with mindfulness, individuals can develop the understanding that sensations come and go and do not always reflect reality (Baer, 2003; Kabat-Zinn, 1994; Linehan, 1993a).

ACT has also been shown to increase shame resilience through increased mindfulness and acceptance (Gutierrez & Hagedorn, 2013; Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008; Luoma, Kohlenberg, Hayes, & Fletcher, 2012). Specifically, ACT aims to decrease cognitive fusion, or taking self-critical evaluation as reality, and the experiential avoidance associated with shame. This is done by teaching individuals cognitive defusion techniques (Harris, 2009). Cognitive defusion is a process of learning to detach from thoughts as literal. For example, if an individual frequently experiences the shame-based thought, “I am such an idiot,” and believes it to be true, they are experiencing cognitive fusion. By implementing a cognitive defusion technique, such as rephrasing the thought to “I am having the thought that I am such an idiot,” they are creating cognitive distance and labeling the thought as a thought, not a fact (Harris, 2009). Additionally, metaphors and mindfulness exercises are meant to help them watch their thoughts and experience their feelings without attempting to change them (Gutierrez & Hagedorn, 2013; Harris, 2009; Luoma et al., 2008; Luoma et al., 2012).

Self-compassion. Mindfulness is also incorporated into another practice shown to be useful in the development of shame resilience: Self-compassion (Gilbert & Procter, 2006; Neff, 2003; Neff & Germer, 2013). Neff (2003) defines self-compassion as the process of “acknowledging that suffering, failure, and inadequacies are part of the human condition, and that all people—oneself included—are worthy of compassion” (p. 224). Developing self-compassion by recognizing a sense of common humanity and practicing mindfulness and self-kindness helps to increase empathy while alleviating rumination, isolation, and self-judgment—factors commonly associated with shame (Brown, 2006; Gilbert & Procter, 2006; Neff, 2003; Neff & Germer, 2013; Tangney & Dearing, 2002).

One method of developing self-compassion is through loving-kindness meditation (LKM). LKM, unlike mindfulness meditation, directs the attention toward the self in a compassionate, loving way; this can often be done with a phrase or mantra meant to encourage loving feelings toward the self (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Hofmann, Grossman, & Hinton, 2011). Fredrickson et al. (2008) found that LKM improved mindfulness overall along with increasing positive emotions and social support. Not only can LKM be used as a formal meditation practice but it can also be used in daily life as an adaptive coping skill when challenging emotions, thoughts, or situations arise (Hofmann et al., 2011).

Thus, another method of developing self-compassion is through the conscious generation of compassionate thoughts toward the self through positive self-talk or affirmations (Gilbert, 2011; Neff & Germer, 2013; Zupancic & Kreidler, 1999). This serves as a form of self-validation for personal experience, leading to increased self-compassion and acceptance (Zupancic & Kreidler, 1999). If, at first, this feels too

difficult, it is often recommended that the individual imagine a compassionate loved one speaking the phrases instead (Gilbert, 2011; Neff & Germer, 2013) or direct the loving phrases toward the critical thoughts (Gilbert & Procter, 2006).

Gratitude. Gratitude, or the recognition of value in one's life, has been associated with improved relationships and wellbeing (Algoe, Haidt, & Gable, 2008; Davis et al., 2016; Emmons & Shelton, 2002). By focusing on the positive aspects of relationships and life circumstances in general, it is believed that individuals then stimulate the discovery of additional positive attributes, thus promoting increased intimacy and positive affect (Davis et al., 2016; O'Connell, O'Shea, & Gallagher, 2018). Developing a practice of gratitude that includes focusing on positive factors and individual strengths can help elicit pride to counteract experiences of shame, thus improving shame resilience (Van Vliet, 2008).

Developing a consistent practice of the aforementioned coping skills and increasing critical awareness of shame can foster the development of shame resilience. While in-person therapeutic interventions are undoubtedly beneficial in the treatment of shame, having a mobile app to facilitate daily skill practice, accountability, and awareness could help to integrate shame resilience skills into everyday life.

Mobile Applications for Therapeutic Intervention

Smartphone use has drastically increased in recent years. According to the Pew Research Center (2018), smartphone ownership in the U.S. increased from 35% of adults in May 2011 to 77% in January 2018. Additionally, mobile apps, or software applications specifically designed for mobile devices such as tablets and smartphones, are now widely available for a broad range of purposes (Prentice & Dobson, 2014). Torous and Roberts

(2017a) estimated that there were more than 10,000 mobile apps related to mental health available for download in 2017, and that number was predicted to increase. Due to the claims made by so many mobile apps suggesting they have the ability to assist people with mental health problems, it is important to consider both the risks and benefits of mental health mobile apps in the development of *Beyond Shame*.

Risks. The market for mental health mobile apps has grown so rapidly that clinical guidelines, comprehensive research to determine evidence-based practice, and regulatory oversight have been unable to adapt at the same rate (Armontrout, Torous, Fisher, Drogin, & Gutheil, 2016; Prentice & Dobson, 2014; Torous & Roberts, 2017b). Currently, requirements for mental health mobile app developer qualifications are lacking, resulting in a market saturated with mobile apps that may not adhere to ethical guidelines for clinical best practices (American Psychiatric Association [APA], 2018b; Food and Drug Administration [FDA], 2015). Additionally, mobile apps require ongoing maintenance, and, in a perpetually evolving marketplace, system updates and functional improvements are essential to remain competitive and relevant (APA, 2018b; Larsen, Nicholas, & Christensen, 2016; Luxton, McCann, Bush, Mishkind, & Reger, 2011).

In 2016, Larsen et al. completed a nine-month longitudinal study tracking fluctuations in the mental health app market. These researchers conducted daily searches for mobile apps related to suicide, bipolar disorder, and depression on both the Google Play (Android) and Apple (iOS) app stores (Larsen et al., 2016). While Larsen et al. found that turnover on the app market exists, they also determined that 75% and 90% of available apps in these respective app stores remained available at the end of nine months, representing some consistency in availability. However, clinicians

recommending mobile apps as an adjunctive treatment tool would need to be mindful of the reliability of an app's developer over time so as to not put a client at increased risk for worsening mental health symptoms (Armontrout et al., 2016; Donker et al., 2013).

Additionally, Larsen et al. (2016) evaluated depression-specific mobile apps through the course of their study. When investigating empirical support for depression-specific mobile apps, they found that 35.3%, or 347 out of 982 total mobile apps, were identified as being clinically relevant as they addressed depression or depression symptoms. Only 2.6%, or 9 out of 347 mobile apps, claimed clinical efficacy; however, of those nine mobile apps, just three provided a complete reference for a published research study substantiating efficacy claims (Larsen et al., 2016). In general, the descriptions of mental health mobile apps that are available for users often include minimal or inaccurate information about effectiveness, content quality, research support, or developer qualifications (APA, 2018c; Donker et al., 2013). This is likely due, in large part, to the lack of comprehensive efficacy research prior to mobile apps becoming available to consumers (APA 2018c; Armontrout et al., 2016; Bakker, Kazantzis, Rickwood, & Rickard, 2016; Donker et al., 2013; Larsen et al., 2016; Luxton et al., 2011; Prentice & Dobson, 2014).

Donker et al. (2013) conducted a comprehensive review of the relevant mental health mobile app literature published from January 2008 through May 2013, identifying research on mental health mobile apps addressing a wide range of mental health diagnoses and symptoms. Of the 5,092 abstracts reviewed, only 5 mobile apps were identified to have supporting evidence of efficacy through randomized controlled trials (Donker et al., 2013). To date, Donker et al.'s research has not been replicated to account

for research conducted since 2013. However, reviews of disorder-specific mobile apps such as those completed by Larsen et al. (2016) for depression, Sucala et al. (2017) for anxiety, and Nicholas, Larsen, Proudfoot, and Christensen (2015) for bipolar disorder indicate that mobile app efficacy research continues to be sparse.

Furthermore, there are minimal regulations in place from the FDA for mobile app marketplaces to regulate whether claims of efficacy are, in fact, legitimate (APA, 2018c; FDA, 2015). According to the FDA (2015) regulatory guidelines for mobile medical applications, only mobile apps that are somehow an extension of a regulated medical device, such as an insulin pump or stethoscope, are subject to FDA regulation. Other mobile apps that, for example, offer assistance in symptom management and tracking or allow patients to access personal health information, are subject to a much more hands-off approach (FDA, 2015). While consumers and clinicians alike may assume that the Health Insurance Portability and Accountability Act (HIPAA) would mandate security and privacy standards of mental health apps, this is not necessarily the case. If information is not being transmitted between the user and a clinician, for example, this data is not covered under HIPAA (U.S. Department of Health and Human Services, 2016).

While continuing education is available for mental healthcare providers regarding the use and recommendation of mental health mobile apps, not everyone has received this specific training. To offset the lack of oversight in mental health mobile app development, maintenance, and clinical efficacy, the APA (2018a, 2018b, 2018c) has developed an evaluation model for clinicians to use to conduct their own research into the potential risks and benefits of a particular app. This tool has been used in guiding the

development for *Beyond Shame* to ensure integration of mobile app content with evidenced-based practice. Additionally, recommendations for future directions of *Beyond Shame* will incorporate the APA's (2018a) App Evaluation Model guidelines by highlighting the importance of research to determine efficacy; transparency in marketing, distribution, and research claims; and ethical clarification of privacy policies and respect for user data (APA, 2018c).

Benefits. Mental health mobile apps also have a variety of potential benefits. Consistent with increased access to smartphones and overall engagement with mobile apps, researchers have found that, of 525 adults surveyed, 76% were interested in utilizing mobile apps for monitoring, managing, and potentially preventing future mental health symptoms (Proudfoot et al., 2010). People prefer to access self-help resources in this manner because smartphones are readily available and are generally intuitive to use (Bakker et al., 2016). Additionally, for young adult users or those who have a high desire for autonomy, the flexibility and perceived privacy of accessing a mental health app on a personal device were noted as attractive factors (Bakker et al., 2016; Collin et al., 2011; Wilson, Rickwood, Bushnell, Caputi, & Thomas, 2014).

As the availability of mobile apps within the U.S. is not geographically limited, any individual with a smartphone and access to an app store is able to utilize this type of technology. For individuals in areas with limited resources for behavioral healthcare, such as more rural areas, increased convenience and accessibility can reduce barriers to help seeking (Bakker et al., 2016; Clough & Casey, 2015; Watts & Andrews, 2014; Wilson et al., 2014). Furthermore, free and low-cost mobile apps provide access to those with more limited financial resources (Bakker et al., 2016; Collin et al., 2011; Prentice &

Dobson, 2014).

Users can seek out mobile apps to address a specific issue independently or a clinician may make a recommendation for use in conjunction with mental health treatment. Preliminary research on a variety of mental health mobile apps shows promising results for the treatment of a variety of mental health diagnoses and symptoms, such as stress, depression, and anxiety (Donker et al., 2013; Prentice & Dobson, 2014), and research suggests that mobile app accessibility contributes to improvements in treatment adherence, engagement, and positive outcomes (Lindhiem, Bennett, Rosen, & Silk, 2015; Prentice & Dobson, 2014). Ultimately, it should be noted that mobile apps addressing mental health needs should not replace mental health treatment of more serious psychopathology. As such, *Beyond Shame* will present with a warning for the user upon initial use and prompts for additional resources will be incorporated throughout if and when the user inputs information that could indicate self-harming behavior, homicidal or suicidal ideation.

Clearly there are a variety of both risks and benefits in the development and use of mental health mobile apps, and additional research is needed. Given that research on the efficacy of mental health mobile apps is still in its infancy, clinicians will need to consider the aforementioned factors when deciding whether or not to recommend apps to clients. While it would be impossible for a clinician to review every mental health mobile app, it is possible for clients to be educated on the need for additional research, to exercise caution in app utilization, and to refer to the APA's (2018a) App Evaluation Model to make informed decisions regarding mobile app usage. Although conducting a comprehensive evaluation of ethical considerations, determining comprehensive research

needs, and providing recommendations for best practices for mental health mobile app development and marketing are beyond the scope of this dissertation, these factors will be considered in the development and future directions of *Beyond Shame*.

Rationale for the Proposed Mobile Application

A mobile app focused on the development of shame resilience does not currently exist. While there is research to support a variety of therapeutic techniques to successfully address shame, not everyone can afford or access therapy. Thus, additional interventions are needed. Given the insidious nature of shame, the immediate accessibility of *Beyond Shame* could be beneficial for coping with shame experiences, particularly given the tendency for maladaptive coping to occur in the aftermath of feelings of shame (H. B. Lewis, 1971; Tangney & Dearing, 2002). Additionally, shame has only recently become more widely discussed in mainstream society. For those already engaged in conversations around shame, *Beyond Shame* can be a tool to use in conjunction with other shame resilience resources. However, for individuals who are newly aware of feelings and experiences of shame, *Beyond Shame* can provide a safe and secure platform from which to begin the healing process from chronic or toxic shame.

Chapter III

Method

This chapter outlines the creation of content for *Beyond Shame*, a therapeutic mobile app designed to aid individuals in the development of shame resilience. A blueprint image of the content and layout, or “wireframe” (Lim, 2012), of key components of *Beyond Shame* is provided in manual form (see Appendix C). Due to monetary, logistical, and time constraints, programming of *Beyond Shame* was beyond the scope of this dissertation.

Goals of the Proposed Project

Shame resilience is developed through psychoeducation to increase critical awareness of the experience and impact of shame as well as by fostering consistent empathy and self-compassion coping skills (Brown, 2006; Dayal et al., 2015; Van Vliet, 2009). Although *Beyond Shame* may be more effective in conjunction with psychotherapy, where shame and shame resilience are a focus of treatment, the app has been designed for independent use. *Beyond Shame* uses psychoeducation on shame and shame resilience, information on the importance of accessing social support when experiencing shame, interactive tools for daily shame resilience development, and an adaptive coping skill feature for use in response to a shame-eliciting event. Additionally, *Beyond Shame* includes daily prompts to engage the user in continued skill building and education. It has been tailored to English-speaking adults within the U.S.

Plan for Developing *Beyond Shame*

Development of the content and structure of *Beyond Shame* involved a variety of factors. A description of the overall development plan and the various features of *Beyond Shame* follows. Anticipated future developments and considerations not addressed at this time are included in Results and Discussion.

Literature Review. Past and current research related to shame, the development of shame resilience, and ethical use of mobile applications related to mental health was reviewed to provide an empirical basis for the features of *Beyond Shame*. The review of literature focused on the following areas of research: (a) differentiating shame from other negative self-conscious emotions, specifically guilt and embarrassment; (b) identifying the signs of shame and how it contributes to maladaptive coping, interpersonal distress, risky behaviors, and psychopathology; (c) differentiating shame experiences in cisgender men and women; (d) current best practices for the treatment of shame and shame resilience development; and (e) current best practices for the use of mental health mobile apps in the field of psychology. Literature was reviewed through searches of the following online databases: Psychology & Behavioral Sciences Collection, PsycINFO, PubMed, and Social Work Abstracts. Common search terms included *shame* and *ACT*, *DBT*, *empathy*, *ethic**, *gender*, *HIPAA*, *loving-kindness*, *mHealth*, *mindfulness*, *mobile app**, *mobile mental health*, *psychopathology*, *resilien**, *self-compassion*, *smartphone*, and *treatment / psychotherapy / counseling*.

Resource Review. Community support and crisis resources were reviewed to be included within the Support Network and Support Over Shame (S.O.S.) features of *Beyond Shame*. The review of community resources included those that: (a) focused on

assisting specific populations, such as women, members of the LGBTQ+ community, military service members and veterans, or disabled people; (b) focused on assisting individuals with specific concerns, such as suicidal ideation, domestic violence, sexual assault, mental illness, or substance abuse; (c) provided a telephone or text hotline for crisis support; and (d) were currently available nationwide. These resources were identified through searches of community resource pages from college counseling centers nationwide.

Professional Consultation. While content for *Beyond Shame* is the product of the author of this dissertation, two industry professionals were consulted to assist in the layout, graphic design, and plan for user experience. Kristopher Hatcher, a software development consultant, assisted in the development of the proposed *Beyond Shame* user experience. Kimberly Quam, a graphic designer, coordinated the layout and graphic design of individual wireframes for *Beyond Shame*.

Proposed Structure and Administration of *Beyond Shame*.

Beyond Shame includes five main features: Learn Shame, Support Network, Coping Toolkit, Daily Engagement, and S.O.S. The structure and administration of each feature is discussed in detail below. The proposed wireframe layout of key components of each feature is included in Appendix C in manual form.

Upon initial use of *Beyond Shame*, the user will be prompted to create a user account and password. This will allow the user's settings and progress data to be saved onto centralized servers for data backup and cross-device synchronization capabilities. The account creation process will enable *Beyond Shame* to encrypt the user's data before sending it to the centralized servers so that personally identifiable information will be

unreadable by anyone without the user's account credentials. Once the user account is created, the user will need to agree to a disclaimer highlighting that *Beyond Shame* is not meant to replace formal treatment and does not provide medical or mental health treatment advice. The user will then be directed to the Learn Shame feature.

Learn Shame. The Learn Shame feature is an interactive educational tool that will launch during the initial use of *Beyond Shame*. It will provide psychoeducation necessary to utilize *Beyond Shame* effectively. Overall, the Learn Shame feature is divided into three modules aimed at assessing shame proneness, helping the user understand and deconstruct shame, and educating the user on the impact of shame on behavior and self-talk (Brown, 2004, 2006; Dayal et al., 2015; Gilbert, 2011; Tangney & Dearing, 2002; Van Vliet, 2009).

Assess Shame. The Assess Shame module will lead the user through a baseline assessment of shame- and guilt-proneness using the Test of Self-Conscious Affect-3 Short Version (TOSCA-3S; Tangney, Dearing, Wagner, & Gramzow, 2000; see Appendix A). The user will be prompted to complete the TOSCA-3S upon initial use to establish a baseline of shame-proneness; to minimize potential practice effects, the user will not be able to access the assessment for another three months. After three months, the user will be prompted to retake the assessment in order to accurately track progress.

The TOSCA-3S was selected because it is a scenario-based questionnaire that produces a score for Shame-proneness, Guilt-proneness, and Externalization (Tangney & Dearing, 2002; see Appendix B); these scoring parameters will be coded into *Beyond Shame* to automatically calculate a shame-proneness score for the user. While there are other assessment measures related to shame, the scenario-based nature of the TOSCA-3S

does not rely on the user's prior knowledge of accurate definitions of shame versus guilt. Research indicates Cronbach's Alphas ranging from .77-.88 for shame-proneness and .70-.83 for guilt-proneness (Tangney & Dearing, 2002). Permission for the use of the TOSCA-3S in *Beyond Shame* was requested and granted for the purpose of this dissertation (J. Tangney, personal communication, November 11, 2017).

The user will be asked to read 11 scenarios based on everyday situations and rate the likelihood that they would respond in a particular way using a 5-point rating scale ranging from 1 (*Not Likely*) to 5 (*Very Likely*). Responses include cognitive, emotional, and behavioral reactions associated with shame and guilt allowing for a general assessment of the user's tendency to experience guilt and shame across a wide variety of day-to-day situations (Tangney & Dearing, 2002). The Assess Shame module will provide the user with the associative scores, which will be charted in a graph so the user can track progress. Upon initial completion of the TOSCA-3S (Tangney et al., 2000), the user will be guided through the remainder of the Learn Shame modules.

Identify Shame. The Identify Shame module will provide the user information on shame and shame resilience development. As some users may have knowledge of shame and shame resilience, the user will be able to opt-out of the Identify Shame module at any time but will be reminded that the content is available as needed. Specifically, the user will be educated on what shame is, how to identify it, and the universality of the experience for individuals without psychopathy (Brown, 2006; H. B. Lewis, 1971; Tangney & Dearing, 2002). Coping mechanisms related to shame resilience are defined (Brown, 2006; Dayal et al., 2015; Tangney & Dearing, 2002; Van Vliet, 2009). The user will be educated on the physical, affective, and cognitive signs of a shame spiral (Brown,

2006; Kaufman, 1992; Nathanson, 1997; Tangney & Dearing, 2002) and on how to differentiate shame, guilt, and embarrassment (H. B. Lewis, 1971; Tangney & Dearing, 2002).

Shame Responses. The Shame Responses module will provide education on common maladaptive responses to shame, such as reacting with anger, blaming others, people pleasing, and isolating. The explanations and examples provided will help the user understand, identify, and deconstruct interpersonal and intrapersonal patterns of responding to shame (Hartling et al., 2004; Kaufman, 1992; H. B. Lewis, 1971; Parker & Thomas, 2009; Stadter, 2011; Tangney & Dearing 2002).

The psychoeducational content of the Learn Shame feature was developed through reviewing the relevant literature and creating explanations and examples that would be accessible to the average user. Although this feature will not launch automatically after initial use of *Beyond Shame*, it will be accessible at any time for review by clicking the Learn Shame icon in the menu bar. In addition, links to the Learn Shame feature will be placed throughout the other features of *Beyond Shame* to provide easy access to supplemental information as needed by the user. Once the user exits out of the Learn Shame feature, the Support Network feature will launch.

Support Network. The Support Network feature will provide information on the importance of social support in the development of shame resilience. This feature is divided into two modules aimed at increasing awareness of available empathic social support and community resources.

Social Support. The Social Support module will provide psychoeducation on empathic relationships as well as encouragement to identify available social support. As

empathy has been shown to be an antidote for shame, empathy is explained in greater detail and an example is used to highlight how to identify empathic responses in relationships (Brown, 2006; Brown et al., 2011; Feshbach, 1975; Shapiro & Powers, 2011; Tangney & Dearing, 2002; Van Vliet, 2008; Wiseman, 1996). Once this education is provided, the user will be prompted to identify and input contact information for up to four individuals the user would feel comfortable reaching out to when experiencing shame. This contact information will be saved within the Support Network and S.O.S. features for quick access during a shame-eliciting event (see details below).

Community Resources. As some users may not have someone to whom they would feel comfortable reaching out, the Community Resources module will provide crisis resources and information for those interested in seeking additional support. Finally, the user is reminded that, if they feel in danger of harming themselves or others, to close *Beyond Shame* and dial 911. Once the user exits out of the Support Network feature, the Coping Toolkit feature will launch.

Coping Toolkit. Upon initial use, the Coping Toolkit feature will provide a basic tutorial on the tools available that the user may select. The user will be encouraged to try out different features to see what works best for them. The Coping Toolkit feature includes five modules that will provide basic information on the development of shame resilience, the rationale for available coping skills within the Coping Toolkit, and the importance of regular practice of coping skills. This feature includes a variety of coping skill applications associated with treatment modalities shown to be effective in the treatment of shame and the development of shame resilience, such as ACT (Hayes et al., 1999), CFT (Gilbert, 2011), DBT (Linehan, 1993a, 1993b), and MSC (Neff & Germer,

2013).

Daily Check-In. The Daily Check-In module will prompt the user to briefly evaluate mood and current emotional state. The user will initially be reminded of the importance of monitoring how she/he/they are feeling to increase emotional awareness and emotion regulation (Linehan, 1993a). The user will be asked, “How are you today?” and can select an overall mood rating on a scale of 0 (*Terrible*) to 10 (*Fantastic*). The user will then be able to scroll through a list of words and select up to three words describing her/his/their current emotional state. The list of emotional descriptors was compiled from The Feeling Wheel (Willcox, 1982). This data will be charted so that the user can track the flux of mood and emotions. In an effort to monitor for extremes in low mood, words such as *lonely*, *distant*, *isolated*, *withdrawn*, *worthless*, and *hopeless* will trigger a pop-up with information from the Support Network feature, encouraging the user to contact someone from their personal contact list, the Crisis Text Line (n.d.), or 911 in case of emergency.

Following the word selection, there is space for a brief journal entry for the user to specify what is going on that day that may be contributing to a particular mood and/or emotional state (Brown, 2006; Linehan, 1993a). This is followed by a prompt to identify up to three things for which the user is grateful along with the explanation that gratitude has been linked to improved relationships and overall wellbeing (Algoe et al., 2008; Davis et al., 2016; Emmons & Shelton, 2002; O’Connell et al., 2018). To account for fluctuations in mood and/or emotional state, the user will be able to create multiple entries throughout the day as desired; each entry will be marked with the date and time it was entered. The Daily Check-In module will help the user begin, and continue, to

develop conscious awareness of emotion and mood, while encouraging overall improvement of wellbeing and relationship quality by increasing gratitude.

Self-Compassion Practice. The Self-Compassion Practice module provides tools for the user to increase feelings of compassion toward the self and globally (Neff & Germer, 2013). The user is provided with basic information on self-compassion (Neff, 2003) as well as links to external resources for those interested in supplemental practices and education on self-compassion, such as www.self-compassion.org and www.mindfulselfcompassion.org. After the introductory information is presented, the user will be provided with two audio recordings of guided practices, Loving-Kindness and Compassionate Self, for the development of self-compassion. The Loving-Kindness script was inspired by the work of Brach (2003) and Kabat-Zinn (1994). The Compassionate Self script was inspired by CFT (Gilbert; 2011). Transcripts of these audio recordings are available in Appendix D.

Loving-Kindness Mantras. The Loving-Kindness Mantras module provides education and guidelines for increasing self-compassion and empathy (Fredrickson et al., 2008; Gilbert, 2011; Zupancic & Kreidler, 1999). The user will be provided with education related to self-talk and how developing more positive, compassionate self-talk is a skill to be practiced (Brown, 2006; Dayal et al., 2015; Gutierrez & Hagedorn, 2013; Neff & Germer, 2013; Van Vliet, 2009). The user will be guided through creating a loving-kindness phrase or mantra that personally resonates and is provided with a space to input this phrase into *Beyond Shame*. This phrase will then appear upon subsequent launches of *Beyond Shame* as well as within the S.O.S. feature. As users may have difficulty coming up with phrases initially, suggestions of phrases are provided, such as

“I am enough,” “I am smart and capable,” and “I am at peace” (Keng & Tan, 2017).

Mindful Moments. The Mindful Moments module provides brief guided meditations that are meant to help the user incorporate mindfulness into daily living (Kabat-Zinn, 1994; Linehan, 1993a, 1993b). The Mindful Moments module includes brief audio recordings of “Body Scan,” “Mindful Walking” (Kabat-Zinn, 1994), and “Five Senses” mindfulness exercises that focus on sensory information (Gutierrez & Hagedorn, 2013). These mindfulness exercises are meant to help the user improve sensory clarity, which can be helpful in the development of emotional awareness (Gutierrez & Hagedorn, 2013; Luoma et al., 2008; Luoma et al., 2012). Additionally, the user is provided with the “Leaves on a Stream” exercise, inspired by ACT, which encourages the user to watch and remain detached from thoughts as they come up (Harris, 2009). Mindfulness exercises aid in decreased avoidant coping strategies commonly practiced in response to shame (Bishop et al., 2004; Gutierrez & Hagedorn, 2013; Neff & Germer, 2013). Transcripts of these audio recordings are available in Appendix D.

Watch Your Thoughts. The Watch Your Thoughts module provides cognitive defusion exercises. Shame-based thinking patterns can be very pervasive, and the ACT principle of cognitive defusion has been shown to be helpful in creating distance between the individual and the thought (Harris, 2009). The user will be provided with some brief information about recognizing shame-based thinking patterns, often beginning with words like *should*, *must*, *have to*, or *can’t*. The user is then able to select between “Rephrase the Thought” or “Put Down the Thought” to practice cognitive defusion. In “Rephrase the Thought,” the user is able to input a judgmental or shame-based thought,

such as “I am a loser.” *Beyond Shame* then alters the thought to “I notice I’m having the thought that I am a loser” (Harris, 2009). This exercise encourages the user to identify thoughts as thoughts instead of absolutes.

In “Put Down the Thought,” the user inputs a judgmental or shame-based thought and then is provided with an audio-recorded instruction that involves using the phone as a tool to demonstrate cognitive fusion, or being too attached or connected to the thought. In this exercise, the user holds the phone, with the thought typed out on the screen, very close to her/his/their face. This demonstrates how the fused thought takes up a lot of space and the user is not able to see past the thought. As the user is led through this guided exercise, *Beyond Shame* helps to demonstrate how creating some distance between oneself and one’s thoughts can be helpful (Harris, 2009). For additional information, see the “Put Down the Thought” transcript in Appendix D.

The Coping Toolkit feature of *Beyond Shame* will likely be most beneficial if used on a regular basis as these exercises are associated with increasing skills related to shame resilience. To assist the user in developing a regular coping skill practice, *Beyond Shame* will provide push notifications, or automatic pop-up alerts on the user’s device while not using *Beyond Shame* (Chua & Chang, 2016). The user will be able to customize the frequency of push notifications to remind her/him/them to utilize the Coping Toolkit feature; the user will have the ability to opt out of push notifications entirely if this is found to be too intrusive.

Daily Engagement. The Daily Engagement feature is designed to encourage daily use of *Beyond Shame*, providing resources, further education, and encouragement through unique daily content. This feature will activate after logging in, and it

incorporates four rotating modules. For the purpose of this dissertation, one month of content was created (see Appendix E); each module listed below includes descriptions of content created at the time of this publication.

Motivation. The Motivation module will provide quotes, videos, and brief articles intended to uplift, encourage, and engage the user (Emmons & Shelton, 2002). Resources were compiled through Internet searches for *shame*, *self-compassion*, and *empathy*. Additionally, resources were crowd-sourced through colleagues in mental health-related positions. Quotes, videos, and articles were reviewed for relevancy and length.

Quick Tips. The Quick Tips module will provide additional self-care practices and coping skills to improve overall wellbeing and increase shame resilience. The Adult Pleasant Events Schedule from DBT, a list of enjoyable activities like “soaking in the bathtub” or “going to a movie in the middle of the week” (Linehan, 1993b, p. 157) was utilized as a resource for generating Quick Tips. Diverse interest areas and financial constraints were considered when creating each Quick Tip to minimize alienating users.

Continuing Education. The Continuing Education module will provide supplemental information on shame, shame resilience, and adaptive coping skill development. Gender differences and common shame trigger categories are outlined in the current version of Continuing Education, with additional information on body image as a shame trigger for both men and women (Brown, 2004; Kaufman, 1992; Tangney & Dearing, 2002; Van Vliet, 2008).

Practice. The Practice module will provide interactive quizzes to practice identifying shame and associated coping styles, both adaptive and maladaptive (Brown, 2006; Tangney & Dearing, 2002). These scenario-based exercises were created based on

the literature related to responses to shame and shame resilience development (Brown, 2006; Tangney & Dearing, 2002; Van Vliet, 2009).

Support Over Shame. The user will be able to access the Support Over Shame, or S.O.S., feature by an “emergency life ring” button, which will be available on every page of the mobile app for immediate access when needed in response to a shame spiral. Rationale and a brief orientation for this feature will be provided during the initial app orientation. The intent of the S.O.S. feature is to assist the user in utilizing adaptive coping skills when experiencing shame (Brown, 2006; Kaufman, 1992). The basis for this feature is the principle of opposite action conceptualized by Linehan (1993a, 1993b), and will provide the user with choices of adaptive coping strategies shown to be useful in response to shame that are counter to the typical associative urges.

S.O.S. Check-In. Upon accessing the S.O.S. feature, the user will be guided through the S.O.S. Check-In module. There will be an immediate prompt to take a deep breath with a reminder that shame is an intense but passing emotion. The user’s loving-kindness mantra from the Coping Toolkit feature will appear to provide the user with familiar words of compassion during a difficult feeling. The user will then be prompted to rank “How intense are your feelings of shame right now?” on a scale of 0 (*Non-existent*) to 10 (*Extremely*). The user can then briefly log the shame-eliciting event, including details about the event and what triggered feelings of shame (Brown, 2006; Linehan, 1993a); this entry will be marked with the date and time it was entered. The user will then be reminded that social support and empathy are important when experiencing shame, and the names and contact information for people identified in the Support Network feature will appear (Brown, 2006; Tangney & Dearing, 2002; Van Vliet, 2008).

The user will also be provided with contact information for Crisis Text Line (n.d.). Once the user has completed this brief check-in, a variety of coping tools will be available for selection.

Mindful Breathing. The Mindful Breathing module will provide a mindful breathing exercise to help with distress tolerance and emotion regulation in response to shame. This function will initially present with a warning that users with respiratory problems should consult with their doctor prior to use. The exercise will incorporate the use of a visual animation and an audible tone to help the user mindfully slow the breath. Specifically, a prolonged tone will guide the user to inhale, a slightly lower tone will guide the user to hold their breath, and an even lower tone will guide the user to exhale (Keng & Tan, 2017; Linehan, 1993b).

Mindful Grounding. The Mindful Grounding module will provide exercises to help the user stay in the present moment despite the discomfort of feelings of shame. These are presented in the form of brief guided audio exercises, including “Body Scan” and “Mindful Walking” exercises (Kabat-Zinn, 1994). Additionally, two ACT-based exercises are included. “Notice Five Things” will lead the user through labeling things that can be heard, seen, and felt while “Dropping Anchor” will lead the user through a physical grounding exercise; there will be a seated and a standing audio-recorded version of “Dropping Anchor” (Harris, 2009). Transcripts of these recordings are available in Appendix D.

Opposite Actions. The Opposite Actions module will provide suggestions for alternatives to maladaptive coping behaviors. This feature will encourage the user to identify if there are any other feelings being experienced in addition to shame, if the

emotions feel like a reasonable response to the situation, and if there are any urges to act in a particular way. For example, people often respond to shame by isolating, escaping a situation, or acting out in some way. *Beyond Shame* will then suggest opposite actions that would be more adaptive, such as calling someone the user trusts to talk about what happened, making a gratitude list, or doing something simple and distracting (Linehan, 1993a; Rizvi & Linehan, 2005). The user will be encouraged to continue feeling whatever feelings come up as they engage in the opposite action.

Shame Event Log. Thirty minutes after the S.O.S. feature has been activated, the user will receive a push notification asking the user to check-in. If the user is still feeling activated by the shame-eliciting event, the user will be returned to the available coping modules within the S.O.S. feature. If the user has emotionally regulated, a prompt will appear for the user to identify what triggered shame in this particular instance in the Shame Event Log module. This will include space for a brief journal response as well as a multiple-choice selection of shame trigger categories (Brown, 2006; Linehan, 1993b; Tangney & Dearing, 2002). This data, including date and time, will be charted along with the Daily Check-In module from the Coping Toolkit feature so the user can gain insight into what types of situations elicit shame, such as family relationships or work situations. The user will be asked to reflect on coping-skill use, identifying the user's initial shame response, what coping skills worked, and what was ineffective. Upon completion, an encouraging statement will appear congratulating the user on coping with the shame event. Although the Shame Event Log module will typically be accessed through the S.O.S. feature, it will also be available through the main menu of features.

Chapter IV

Results and Discussion

The results of this dissertation include wireframing of the content and design of *Beyond Shame*, a proposed mental health mobile application. The purpose of *Beyond Shame* is to increase shame resilience as defined in Brown's (2006) shame resilience theory, which includes the ability to identify and articulate shame experiences, to develop empathic social connections, to develop critical awareness of sociocultural forces influencing shame, and to acknowledge personal vulnerability to experience shame. *Beyond Shame* includes five features: Learn Shame, Support Network, Coping Toolkit, Daily Engagement, and Support Over Shame (S.O.S.). It is meant to be used as a self-help tool and is not meant to be a replacement for clinically indicated mental health treatment. The manual for key content of *Beyond Shame* can be found in Appendix C.

Strengths

A major strength of *Beyond Shame* is the potential for addressing the universal nature of shame and providing the general public with access to increased coping skill practice. Given the ubiquity of smartphones (Pew Research Center, 2018), having a mobile app readily available in the event of experiencing shame can facilitate the usage of shame resilience skills in real-time. *Beyond Shame* is designed to help dispel myths regarding shame and increase the ability to identify and address it, thus potentially minimizing the deleterious effects of shame. While *Beyond Shame* is not a substitute for mental health treatment, it would be a valuable supplement to therapy, potentially

increasing the use of coping skills between sessions.

Another strength of *Beyond Shame* is that content development incorporated current evidence-based practices shown to be effective in treating shame, such as ACT (Hayes et al., 1999), CFT (Gilbert, 2011), DBT (Linehan, 1993a, 1993b), and MSC (Neff & Germer, 2013). As all individuals may not have access to mental health treatment, *Beyond Shame* can assist in developing and implementing shame resilience skills for no cost. Additionally, development of *Beyond Shame* includes a diverse array of features so different users can identify what features are most applicable or useful to them.

Limitations

This project has several limitations, including an alteration from the original proposal. The alteration from the original proposal was a result of time constraints, the lack of technical ability of the writer to meet coding demands, and the competing demands of the software development consultant. Therefore, the technical development of *Beyond Shame* was not possible at this time. Furthermore, it was not within the scope of this project to conduct pilot testing or randomized controlled trials.

Conducting focus groups to better evaluate content and design would also have been beneficial in ensuring that *Beyond Shame* was attractive, user friendly, and engaging to potential users. Although efforts were made to create content that would be accessible and appealing to users, some representations of content in *Beyond Shame* are text heavy. The abundance of written content in some features may exceed the user's attention span or desire to read in-depth information. Content was written to be understandable to the general public but may still be inaccessible for users with a lower reading level or with cognitive impairments. It was not possible to create a design for *Beyond Shame* that

would be accessible to all people at this time, such as a version for young people, people with disabilities, or non-English speakers.

Future Directions

Future considerations for *Beyond Shame* include technical development of the mobile application, potential improvements to the current content and design, conducting pilot testing and randomized controlled trials, and disseminating it for general use.

Technical development of *Beyond Shame*. Ongoing consultation with an industry professional with expertise in user experience and interface would aid in creating an app experience that is intuitive, user-friendly, and engaging. The user experience and design of the application should be tested and refined using low-fidelity rapid prototyping through a practice known as High-Tech Anthropology (Menlo Innovations, n.d.). This practice entails creating a rough sketch of each individual screen the user would encounter on paper. A convenience sample of test users would then “click through” the notecard paper version of the mobile app, allowing the developer to analyze the usability of the proposed application and make any necessary modifications prior to technical development of the mobile app. For example, if the user is not able to intuitively access the various features, the user interface could be redesigned prior to putting time and energy toward further development. Redesign would be focused on how the user accesses the various features included within the mobile app, but the content would remain consistent with the previously outlined features created by the author. Upon completion of the High-Tech Anthropology process, the developer would work to develop the mobile app utilizing content provided by the author. Additional consultation with industry professionals will be needed in order to ensure privacy and data sharing standards are

met, and permission will be sought from treatment founders prior to development.

Potential improvements to *Beyond Shame*. While efforts were made to be as thorough as possible in the development of *Beyond Shame*, time constraints, financial limitations, and lack of experience in creating effective user experience and interface leave room for several improvements in future versions of *Beyond Shame*. These improvements could be the product of the author or developed in conjunction with other doctoral students for future dissertation projects.

Although the current version of *Beyond Shame* provides educational content, coping tools, and encouragement, these features are not currently adaptable to each specific user. *Beyond Shame* could be improved by identifying user preference for certain types of coping skills, and it could also be developed to increase complexity and specificity with continued use. For example, if the user creates a loving-kindness mantra that is not technically in-line with the self-compassionate framework of loving-kindness, such as “You can do better than that,” *Beyond Shame* could evaluate this and provide an alternative, such as “You are doing the best you can.”

As *Beyond Shame* use continues, the mobile app could encourage the user to be more creative in implementing coping skills by providing supplemental suggestions for daily use. For example, in the Coping Toolkit feature’s Daily Check-In module, the user is encouraged to write a gratitude list. In future versions of *Beyond Shame*, the user could be prompted to also develop a gratitude mantra to say upon waking up. In the S.O.S. feature’s Opposite Actions module, the user is provided with a variety of opposite actions to take. Future versions of *Beyond Shame* could prompt the user to create a list of their own most-used distraction techniques. This would assist the user in consciously

identifying their own coping skills that they find most effective, and it would help the user to take ownership of their progress. Additionally, it would be necessary to continue generating engaging content for the Daily Engagement feature to ensure that content matter is not repeated with the user over time. As some users may benefit from additional motivation, a reward or badge system could be created to further engage the user, such as getting a badge for completing the Daily Check-In seven days in a row.

While *Beyond Shame* will prompt the user to access social support or community resources, future versions of the mobile app could also increase the specificity of these prompts. For example, based on the user's geographic location, *Beyond Shame* could provide contact information or links to local treatment providers and self-help groups. Further, incorporating additional supports for diverse populations who are more likely to experience shame as a result of discrimination and internalized biases would also be beneficial. This would also include ensuring that mobile app development adhered to current accessibility standards for individuals with disabilities.

Finally, as shame is often misunderstood within the field of mental health, *Beyond Shame* could be developed as a continuing education (CE) tool for clinicians. In accordance with the "Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists" by the American Psychological Association (2015), it would be necessary to outline specific goals and educational objectives of *Beyond Shame* for CE credits. Additional input from psychologists and researchers in the field with expertise in shame and shame resilience development could be sought to ensure that *Beyond Shame* is incorporating the latest research and best practices (American Psychological Association, 2015).

Evaluation and efficacy testing. Although there are a multitude of mobile apps geared toward self-help and alleviating mental health symptoms, the vast majority have not undergone clinical trials (APA, 2018c). Therefore, additional evaluation and efficacy testing are necessary prior to the dissemination of *Beyond Shame*. Upon completion of the dissertation project, it will be necessary to integrate committee feedback into the mobile app design and content. Subsequently, establishing contact with leading shame researchers for further expert review and evaluation would assist in finetuning *Beyond Shame*. Feedback would be elicited regarding the content, accessibility, utility, user experience, strengths, and limitations of *Beyond Shame*. This feedback would be incorporated, and a revised version would undergo pilot testing with a random sample of the target population. Pilot testing could include a pre-test/post-test utilizing the TOSCA-3S, a questionnaire evaluating the participant's understanding of *Beyond Shame* content, and a questionnaire requesting feedback on the user interface and user experience. Based on the results of pilot testing, additional revisions to *Beyond Shame* could then be implemented. If pilot testing produced promising results, funding could be sought for a controlled efficacy trial to evaluate changes in shame-proneness.

Dissemination. After *Beyond Shame* has undergone more formal evaluation to determine necessary modifications and overall efficacy, dissemination to the general public would follow. Results from the aforementioned controlled efficacy trials could be submitted to journals for publication as well as to national professional conferences to gain additional exposure. Dissemination to mental health professionals could be done through professional listservs, graduate schools and professional training programs, and outreach to mental health facilities. *Beyond Shame* would be submitted to app

marketplaces, such as Google Play (Android) and Apple (iOS) app stores, for approval and distributed through these venues. In accordance with the APA's (2018a) App Evaluation Model, the *Beyond Shame* description would highlight the disclaimer that it is not a substitute for mental health treatment, and it would provide links to published articles regarding efficacy testing.

Conclusion

Shame is a difficult feeling which can have an impact on behavior that results in increased psychopathology and maladaptive coping. Evidence-based treatment modalities have begun to show a positive impact in the treatment of shame, but these resources are not always available to the public. *Beyond Shame* can improve access to education on shame, shame resilience, and relevant resources. Additionally, the coping tools within *Beyond Shame* can improve the user's awareness of their own shame responses, altering them to be more adaptable and prosocial. Although *Beyond Shame* is in its infancy, this mobile app has the potential to increase awareness of the impact of shame, improve adaptive coping, and decrease the negative impact of shame in our society.

Appendix A

TOSCA-3S

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate all responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

For example:

A. You wake up early one Saturday morning. It is cold and rainy outside.

- a) You would telephone a friend to catch up on news. 1--2---3---4---5
not likely very likely
- b) You would take the extra time to read the paper. 1---2---3---4--5
not likely very likely
- c) You would feel disappointed that it's raining. 1---2---3--4---5
not likely very likely
- d) You would wonder why you woke up so early. 1---2---3--4--5
not likely very likely

In the above example, I've rated ALL of the answers by circling a number. I circled a "1" for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning -- so it's not at all likely that I would do that. I circled a "5" for answer (b) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't -- it would depend on what I had planned. And I circled a "4" for answer (d) because I would probably wonder why I had awakened so early.

Please do not skip any items -- rate all responses.

1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood your friend up.

- | | Not likely | Very likely |
|--|-------------------|-------------|
| a) You would think: "I'm inconsiderate." | 1---2---3---4---5 | |
| b) You would think: "Well, my friend will understand." | 1---2---3---4---5 | |

c) You'd think you should make it up to your friend as soon as possible. 1---2---3---4---5

d) You would think: "My boss distracted me just before lunch." 1---2---3---4---5

2. You break something at work and then hide it.

Not likely Very likely

a) You would think: "This is making me anxious. I need to either fix it or get someone else to." 1---2---3---4---5

b) You would think about quitting. 1---2---3---4---5

c) You would think: "A lot of things aren't made very well these days." 1---2---3---4---5

d) You would think: "It was only an accident." 1---2---3---4---5

3. At work, you wait until the last minute to plan a project, and it turns out badly.

Not likely Very likely

a) You would feel incompetent. 1---2---3---4---5

b) You would think: "There are never enough hours in the day." 1---2---3---4---5

c) You would feel: "I deserve to be reprimanded for mismanaging the project." 1---2---3---4---5

d) You would think: "What's done is done." 1---2---3---4---5

4. You make a mistake at work and find out a co-worker is blamed for the error.

Not likely Very likely

a) You would think the company did not like the co-worker. 1---2---3---4---5

b) You would think: "Life is not fair." 1---2---3---4---5

c) You would keep quiet and avoid the co-worker. 1---2---3---4---5

d) You would feel unhappy and eager to correct the situation. 1---2---3---4---5

5. While playing around, you throw a ball and it hits your friend in the face.

Not likely Very likely

a) You would feel inadequate that you can't even throw a ball. 1---2---3---4---5

b) You would think maybe your friend needs more practice at catching. 1---2---3---4---5

c) You would think: "It was just an accident." 1---2---3---4---5

d) You would apologize and make sure your friend feels better. 1---2---3---4---5

6. You are driving down the road, and you hit a small animal.

Not likely Very likely

a) You would think the animal shouldn't have been on the road. 1---2---3---4---5

b) You would think: "I'm terrible." 1---2---3---4---5

c) You would feel: "Well, it was an accident." 1---2---3---4---5

d) You'd feel bad you hadn't been more alert driving down the road. 1---2---3---4---5

7. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

Not likely Very likely

a) You would think: "Well, it's just a test." 1---2---3---4---5

b) You would think: "The instructor doesn't like me." 1---2---3---4---5

c) You would think: "I should have studied harder." 1---2---3---4---5

d) You would feel stupid. 1---2---3---4---5

8. While out with a group of friends, you make fun of a friend who's not there.

Not likely Very likely

a) You would think: "It was all in fun; it's harmless." 1---2---3---4---5

b) You would feel small...like a rat. 1---2---3---4---5

c) You would think that perhaps that friend should have been there to defend himself/herself. 1---2---3---4---5

d) You would apologize and talk about that person's good points. 1---2---3---4---5

9. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

Not likely Very likely

a) You would think your boss should have been more clear about what was expected of you. 1---2---3---4---5

b) You would feel like you wanted to hide. 1---2---3---4---5

c) You would think: "I should have recognized the problem and done a better job." 1---2---3---4---5

d) You would think: "Well, nobody's perfect." 1---2---3---4---5

10. You are taking care of your friend's dog while they are on vacation and the dog runs away.

Not likely Very likely

a) You would think, "I am irresponsible and incompetent." 1---2---3---4---5

b) You would think your friend must not take very good care of their dog or it wouldn't have run away. 1---2---3---4---5

c) You would vow to be more careful next time. 1---2---3---4---5

d) You would think your friend could just get a new dog. 1---2---3---4---5

11. You attend your co-worker's housewarming party and you spill red wine on a new cream-colored carpet, but you think no one notices.

Not likely Very likely

a) You think your co-worker should have expected some accidents at such a big party. 1---2---3---4---5

b) You would stay late to help clean up the stain after the party. 1---2---3---4---5

c) You would wish you were anywhere but at the party. 1---2---3---4---5

d) You would wonder why your co-worker chose to serve red wine with the new light carpet. 1---2---3---4---5

From *The Test of Self-Conscious Affect-3 (TOSCA-3)*, by J. P. Tangney, R. L. Dearing, P. E. Wagner, and R. Gramzow, 2000, Fairfax, VA: George Mason University. Copyright 2000 by George Mason University. Reprinted with permission.

Appendix B

TOSCA-3S Additional Information and Scoring

We are now recommending the use of the TOSCA-3 (Test of Self-Conscious Affect-Version 3) in place of the TOSCA and TOSCA-2. The TOSCA-3 is composed of 11 negative and 5 positive scenarios yielding indices of Shame-proneness, Guilt-proneness, Externalization, Detachment/Unconcern, Alpha Pride, and Beta Pride.

The majority of the TOSCA-3 items are identical to the original TOSCA (Tangney, Wagner, & Gramzow, 1989). TOSCA scenarios were drawn from written accounts of personal shame, guilt, and pride experiences provided by a sample of several hundred college students and non-college adults. The responses were drawn from a much larger pool of affective, cognitive, and behavioral responses provided by a second sample of adults.

In a subsequent revision, the TOSCA-2 (Tangney, Ferguson, Wagner, Crowley, & Gramzow, 1996), an experimental “maladaptive guilt” scale was introduced. In addition, we added two new scenarios and deleted the “dieting” scenario, owing to concerns about gender bias. This most recent version of our measure, the TOSCA-3 (Tangney, Dearing, Wagner, & Gramzow, 2000), eliminates the Maladaptive Guilt items because analyses have raised serious questions about the discriminant validity of this scale. (The Shame and Maladaptive Guilt scales correlate about .79).

As a new feature, the TOSCA-3 provides the option of a short version, which drops positive scenarios (and therefore eliminates the Pride scales). In a recent study, short versions of the TOSCA-3 shame and guilt scales correlated .94 and .93 with their corresponding full length versions, thus supporting the utility of the abbreviated form.

Scoring for the TOSCA-3*, short version changes indicated by only including negative scenarios:

1. (Negative Scenario) a) Shame b) Detached c) Guilt d) Externalization	3. (Negative Scenario) a) Shame b) Externalization c) Guilt d) Detached	5. (Negative Scenario) a) Shame b) Externalization c) Detached d) Guilt
2. (Negative Scenario) a) Guilt b) Shame c) Externalization d) Detached	4. (Negative Scenario) a) Externalization b) Detached c) Shame d) Guilt	6. (Negative Scenario) a) Externalization b) Shame c) Detached d) Guilt
7. (Negative Scenario) a) Detached b) Externalization c) Guilt d) Shame	9. (Negative Scenario) a) Externalization b) Shame c) Guilt d) Detached	11. (Negative Scenario) a) Detached b) Guilt c) Shame d) Externalization

8. (Negative Scenario)

- a) Detached
- b) Shame
- c) Externalization
- d) Guilt

10. (Negative Scenario)

- a) Shame
- b) Externalization
- c) Guilt
- d) Detached

*Scale scores are the sum of responses to relevant items (e.g., the score for the Shame scale equals the respondent's answer to 1a, plus the answer to 2b, etc.)

From *Shame and Guilt* (pp. 213-214), by J. P. Tangney and R. L. Dearing, 2002, New York: Guilford. Copyright 2002 by The Guilford Press. Reprinted with permission.

Appendix C

Beyond Shame Wireframe Overview





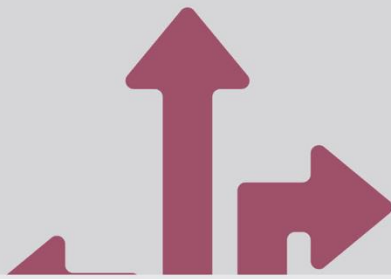
Sign up with Facebook

Sign up with email

Already have an account? [Sign in.](#)

By creating an account, I accept Beyond Shame's
[Terms of Service](#)

Beyond Shame Log-in:
Users are prompted to
create a user account.



DISCLAIMER: Beyond Shame was designed to be a self-help mobile application for the development of shame resilience. The information and tools in Beyond Shame are not, and are not intended to substitute, professional psychological or medical advice, diagnosis, or treatment. Other materials available via Beyond Shame are not intended to amount to mental health or medical advice or treatment. By proceeding, you agree that you will not disregard or delay seeking professional medical or mental health or other relevant professional advice in substitution of Beyond Shame. Do not stop any treatment you are receiving as a result of use of Beyond Shame without speaking to your medical provider, mental health provider, or other qualified medical professional. If you notice a worsening in mental health symptoms, discontinue using this application and seek mental health treatment. If you notice the urge to self-harm or experience homicidal or suicidal thoughts, discontinue using this application and call your local crisis line or call 911 immediately. The use of Beyond Shame is done at your own risk.

Accept these terms?

☐ Yes ☐ No

By creating an account, I accept Beyond Shame's
[Terms of Service](#)

Beyond Shame Disclaimer:

On initial use, a pop-up will appear with a disclaimer for use. Users will have to agree to these terms before proceeding.



The first step in developing shame resilience is learning more about what shame is and how you respond. Learn Shame provides additional information to help you get started. Before you dig in, let's see how prone you are to experiencing shame in everyday situations.

☐ Do not show this message again.

Learn Shame Introduction:

Users are introduced to the Learn Shame feature. This prompt will only show upon first use of Learn Shame.



Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate all responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

Assess Shame module:

Users are introduced to the TOSCA-3S assessment to establish a shame-proneness baseline. This screen is continued on the next page.

For example:

A. You wake up early one Saturday morning. It is cold and rainy outside.

a) You would telephone a friend to catch up on news.

1 2 3 4 5

NOT LIKELY VERY LIKELY

b) You would take the extra time to read the paper.

1 2 3 4 5

NOT LIKELY VERY LIKELY

c) You would feel disappointed that it's raining.

1 2 3 4 5

NOT LIKELY VERY LIKELY

d) You would wonder why you woke up so early.

1 2 3 4 5

NOT LIKELY VERY LIKELY

In the above example, I've rated ALL of the answers by circling a number. I circled a "1" for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning -- so it's not at all likely that I would do that. I circled a "5" for answer (b) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't--it would depend on what I had planned. And I circled a "4" for answer (d) because I would probably wonder why I had awakened so early.

Please do not skip any items--rate all responses.

NEXT

Assess Shame module (continued): Users are provided an introductory example of the TOSCA-3S assessment items with instruction on how to complete the assessment.



Assess Shame module:

Users complete the TOSCA-3S. Each of the 11 scenarios will have a page like this within Learn Shame (see Appendix A to view TOSCA-3S in its entirety).

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate all responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood your friend up.

a) You would think: "I'm inconsiderate."

1 2 3 4 5

NOT LIKELY VERY LIKELY

b) You would think: "Well, my friend will understand."

1 2 3 4 5

NOT LIKELY VERY LIKELY

c) You'd think you should make it up to your friend as soon as possible.

1 2 3 4 5

NOT LIKELY VERY LIKELY

d) You would think: "My boss distracted me just before lunch."

1 2 3 4 5

NOT LIKELY VERY LIKELY

NEXT



According to your responses, it looks like you experience Shame Self-Talk an average amount. In three months, Beyond Shame will prompt you to answer these questions again to see if you've experienced a change!

☐ Close this message.

Assess Shame module:

Learn Shame will provide users with feedback regarding shame-prone responses, indicating that they engage in shame self-talk often, seldom, or an average amount (see Appendix B for TOSCA-3S scoring information).



WHAT IS SHAME?

A painful human emotion that is often associated with thoughts like:

- “What’s wrong with me?”
- “I should know better.”
- “I’m such an idiot!”
- “If people knew this thing about me, they wouldn’t like me.”

Although everyone experiences shame ((except for psychopaths who have no capacity for empathy or remorse) and it cannot be totally eliminated, it is possible to develop shame resilience by:

- Understanding what shame is
- Learning what triggers shame for you
- Learning your physical signs of shame
- Identifying how you respond to shame
- Recognizing shame-based thoughts

Identify Shame module:

Identify Shame guides users through psychoeducation on shame and shame resilience.



WHAT IS A SHAME SPIRAL?

When a particularly shaming experience occurs (for example, your boss calls you out for a mistake you made in front of your entire team), there are some common signs of shame to be aware of:

- Feeling confused
- Difficulty speaking
- Wanting to hide/make yourself small
- Blushing and sweating
- Negative self-talk
- Replaying the event over in your mind

Shame is often confused with embarrassment and guilt, but they are different.

- Embarrassment is like when you trip or realize you had food stuck in your teeth. You feel silly, but you also know it happens. You can genuinely laugh it off!
- Guilt is when you did something wrong, so you do something to make it right again.

GUILT is focused on behavior: "I feel bad about something I did/didn't do."

SHAME is focused on what kind of person you are: "I am a bad person."

Identify Shame module:

Identify Shame guides users through psychoeducation on signs of a shame spiral, including cognitive, emotional, behavioral, and physical markers. Additionally, Identify Shame delineates shame from other self-conscious emotions with specific emphasis on the difference between shame and guilt.



After learning to identify shame, the next step is recognizing common ways of responding to it! Typically, without shame resilience, these responses are not particularly healthy. Unhealthy responses are often attempts to maintain connections with others or “save face,” and generally fall into three categories:

Moving Away

Moving Toward

Moving Against

Shame Responses module:

Shame Responses will help users identify behaviors associated with shame. Users can select one of three different options to learn more.



After learning to identify shame, the next step is recognizing common ways of responding to it! Typically, without shame resilience, these responses are not particularly healthy. Unhealthy responses are often attempts to maintain connections with others or “save face,” and generally fall into three categories:

Moving Away

MOVING AWAY FROM PEOPLE

Shame can make you want to hide or move away from others to avoid further damage. For example, you might actually leave the room, or you might withdraw by keeping secrets or obsessing over what happened.

☐ Close this message.

Shame Responses module:

When users click “Moving Away,” a pop-up will appear outlining how shame can prompt behaviors that result in moving away from other people such as social withdrawal and secret keeping.



After learning to identify shame, the next step is recognizing common ways of responding to it! Typically, without shame resilience, these responses are not particularly healthy. Unhealthy responses are often attempts to maintain connections with others or “save face,” and generally fall into three categories:

Moving Away

Moving Toward

MOVING TOWARD OTHER PEOPLE

Shame can also cause people pleasing behaviors. This is done for impression management to try to maintain or reestablish a social connection.

Common examples of people pleasing behaviors include:

- Excessive apologizing
- Being overly flattering
- Codependent behaviors such as excusing or denying another person's attempts to shame others
- Perfectionism

☐ Close this message.

Shame Responses module:

When users click “Moving Toward,” a pop-up will appear outlining how shame can prompt behaviors that result in moving toward other people such as codependent behaviors or people pleasing.



After learning to identify shame, the next step is recognizing common ways of responding to it! Typically, without shame resilience, these responses are not particularly healthy. Unhealthy responses are often attempts to maintain connections with others or “save face,” and generally fall into three categories:

Moving Away

Moving Toward

Moving Against

MOVING AGAINST OTHER PEOPLE

Some may respond to shame with anger or “humiliated fury” in an attempt to gain some sense of control. This is often done by:

- Retaliating or punishing others (domestic violence or sexual assault are more extreme cases of this)
- Blaming other people or external factors

☐ Close this message.

Shame Responses module:

When users click “Moving Against,” a pop-up will appear outlining how shame can prompt behaviors that result in moving against other people such as blaming others or lashing out in anger.



Because shame involves feeling flawed, people are resistant to share the experience with others. Sharing about it and hearing from another person that they understand can lessen shame's blow. Thus, empathy is considered the antidote to shame and involves:

1. **EMOTIONAL SHARING:** Feeling or being affected by the emotions of another
2. **EMPATHIC CONCERN:** Caring for the wellbeing of another
3. **PERSPECTIVE TAKING:** Putting yourself in another's shoes and understanding what they are feeling.

Being able to talk with someone who can provide empathy when we are experiencing shame can help heal the experience. It can take practice to identify people who will provide empathy in this situation.

☐ Do not show this message again.

Support Network

Introduction: Users are introduced to the Support Network feature and the importance of empathy in combatting shame. This prompt will only show upon first use of the Support Network.



Imagine you are working on a frustrating assignment at work—so frustrated, you say out loud, “Ugh! This job is the worst!” right as your boss walks past your desk. Your boss stops, gives you a disapproving look, and says, “Well, that’s good to know” before walking away. You feel two inches tall and want to crawl under your desk! You decide to take a walk and call a friend.

SHAME RESPONSE

EMPATHY RESPONSE

Social Support module:

Social Support will help users identify empathy in relationships. To highlight the difference between a shaming versus an empathic response, users are given a brief scenario. Users can then click either button to see additional detail.



Imagine you are working on a frustrating assignment at work—so frustrated, you say out loud, “Ugh! This job is the worst!” right as your boss walks past your desk. Your boss stops, gives you a disapproving look, and says, “Well,

OPTION A:
Your friend says, “Oh man, you must feel like an idiot! Your boss is probably going to be really mad and give you a bad review! I can’t believe you did that...”

THIS WOULD ADD TO THE SHAME

☐ Next

Social Support module:

When users click “Shame Response,” an example of an interpersonally shaming response appears.



Imagine you are working on a frustrating assignment at work—so frustrated, you say out loud, “Ugh! This job is the worst!” right as your boss walks past your desk. Your boss stops, gives you a disapproving look, and says, “Well,

OPTION B

Your friend says, “Oh wow. I’m so sorry that happened to you! That must have felt so awful—especially since I know you actually really like your job and were probably just frustrated.”

THIS PROVIDES EMPATHY AND SUPPORT!

☐ Close this message.

Social Support module:

When users click “Empathy Response,” an example of empathy and support appears. These examples can help users learn to identify healthy relationships and who to connect with in the aftermath of experiencing shame.



Try to think of someone you would feel comfortable calling when you're upset. This could be a friend, a relative, a colleague, or maybe a mentor. Input their information below. Additional resources are listed on the next page if you are having a hard time thinking of someone!

Name
Phone number

Name
Phone number

Name
Phone number

Name
Phone number

Social Support module:

Social Support then prompts users to think of supportive people in their network. Space is provided for users to input contact information, which Beyond Shame will include in pop-ups elsewhere in the app when it is clear users may benefit from social support.



Just in case you have a hard time reaching someone from your list or you are having a hard time thinking of someone to call when feeling shame, below are some helpful resources.

CRISIS TEXT LINE:

Text HOME to 741-741
crisistextline.org

NATIONAL SUICIDE PREVENTION LIFELINE:

1-800-273-TALK (8255),
suicidepreventionlifeline.org

MILITARY HELPLINE:

1-888-457-4838 or text MIL1 to 839-863,
militaryhelpline.org

NATIONAL DOMESTIC VIOLENCE HOTLINE:

1-800-799-SAFE (7233),
www.thehotline.org

**NATIONAL EATING DISORDERS
ASSOCIATION (NEDA) HELPLINE:**

1-800-931-2237
nationaleatingdisorders.org

NATIONAL SEXUAL ASSAULT HOTLINE:

1-800-656-HOPE (4673)
rainn.org/about-national-sexual-assault-telephone-hotline

Community Resources

module: In case users do not have people they would feel comfortable contacting, Community Resources provides hotline numbers and websites. This screen is continued on the next page.

S.A.F.E. ALTERNATIVES:

1-800-DONTCUT (366-8288),
selfinjury.com

**SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION (SAMHSA)**

NATIONAL HELPLINE:

1-800-662-HELP (4357)
samhsa.gov/find-help/national-helpline

TRANS LIFELINE

1-977-656-8860
translifeline.org

TREVOR PROJECT (FOR LGBTQ+ YOUTH):

1-866-488-7386,
thetrevorproject.org/get-help-now

Throughout Beyond Shame, you will be prompted to access your support network. If you don't feel comfortable calling someone in your life, try texting HOME to 741-741 to access the Crisis Text Line, a free service that allows you to text with a trained crisis counselor.

If you ever feel as though you are in danger of harming yourself or someone else, please close Beyond Shame and dial 911.

**Community Resources
module (continued):**

In addition to hotline numbers and websites, users are reminded to utilize these resources as needed. Specific information is provided on the Crisis Text Line and, if users are concerned for their safety, a reminder to dial 911.



Although we can't completely get rid of shame, we can become more resilient to it — there's hope! Understanding and recognizing shame, learning how we respond to it, and figuring out our shame triggers are all steps for developing shame resilience.

The Coping Toolkit provides additional practices to increase empathy, self-compassion, and mindfulness — all things that help increase shame resilience. Try them out and see what works best for you!

☐ Do not show this message again.

Coping Toolkit

Introduction: Users are introduced to the Coping Toolkit feature. This prompt will only show upon first use of the Coping Toolkit.



The Daily Check-In provides space to track how you're feeling and what you're grateful for – this information will be saved in your personal profile so you can see changes over time. Try to make an entry a day to get in the habit of monitoring how you are feeling, but you can also add additional entries throughout the day.

Daily Check-In module:

The Daily Check-In will serve as the initial homepage for the Coping Toolkit feature. This screen is continued on the next page.

How are you today?



Select three emotions to describe how you are feeling right now.

HAPPY	AFRAID	SURPRISED	ANGRY
SAD	DISGUSTED	GRATEFUL	HUMILIATED
STARTLED	JOYFUL	BORED	LOVED
DISAPPOINTED	REJECTED	CONFUSED	AMUSED
LONELY	HESITANT	CRITICAL	INSECURE
AMAZED	PROUD	ASHAMED	DISAPPROVAL
DISTANT	ANXIOUS	EXCITED	ECSTATIC
GUILTY	JUDGMENTAL	WITHDRAWN	SCARED
HOPEFUL	TERRIFIED	WORTHLESS	REMORSEFUL
JEALOUS	ACCEPTED	EMBARRASSED	OPTIMISTIC
RESENTFUL	HURT	COURAGEOUS	RELAXED

What is happening for you today? Is anything impacting your mood?

Type here

Gratitude has been linked to improved relationships and overall wellbeing. What are you grateful for today?

1. Type here
2. Type here
3. Type here

Daily Check-In module (continued): Users are prompted to log overall mood, three words describing their emotions, and a brief journal entry describing what is contributing to current mood. Users are also encouraged to log three things for which they are grateful. In this example, the user has selected “distant,” hurt,” and “worthless” from the list, indicating potential distress.



Daily Check-In module: If the selection of emotional descriptors indicates distress, a pop-up will appear reminding users to access social support or emergency services, if needed.



Developing self-compassion has been shown to increase shame resilience. Kristin Neff, a leading researcher on self-compassion, identified three main features of self-compassion:

1. Practicing self-kindness by being understanding and kind to oneself (as opposed to being critical!);
2. Recognizing our common humanity, meaning that our pain is part of being human; and
3. Practicing mindfulness by viewing our thoughts, feelings, and experiences with non-judgment.

Below you will find recordings to help guide you in developing a self-compassion practice. More information about self-compassion and additional practices can be found at self-compassion.org and mindfulselfcompassion.org.

Loving-Kindness Practice

Compassionate Self Practice

Self-Compassion Practice module: If users select the Self-Compassion Practice icon, they will be educated on the importance of developing self-compassion. Two audio recordings of guided self-compassion practices are provided (see Appendix D for audio recording scripts).



The way we talk to ourselves is important. Shame often results in negative and judgmental self-talk, such as “What’s wrong with me?” or “Other people are going to think I’m [stupid, ugly, foolish, etc.]”

Learning to speak to ourselves with kindness can feel strange or even painful at first, but it helps increase self-compassion and empathy—both necessary for developing shame resilience. Plus, it will get easier with practice.

Using a loving-kindness phrase or mantra is one way to develop compassionate self-talk. One way to determine a phrase is to ask, “What do I need to hear right now?” Perhaps you have noticed a pattern of negative self-talk, and your loving-kindness phrase can directly counteract that.

Loving-Kindness Mantras module: If users select the Loving-Kindness Mantras icon, they will be educated on the nature of shame-based versus loving-kindness self-talk. This screen is continued on the next page.

For example, if you are experiencing shame around your performance at work, doubting if you are doing a good job or feeling inferior to a colleague, you might pick a loving-kindness phrase such as, "I am a valued employee," "I have innovative ideas at work," or "I am smart and capable."

In the space below, write a loving-kindness phrase that resonates with you today. You can change this phrase at any point.

My loving-kindness mantra

Type here

Having trouble coming up with one? See the list below for suggestions!

"I AM ENOUGH."	"I AM AT PEACE."
"I AM DOING A GREAT JOB."	"I AM HEALTHY AND HAPPY."
"I AM SMART AND CAPABLE."	"I BELONG."
"I AM SAFE AND CARED FOR."	"I AM VALUABLE."
"I AM BEAUTIFUL."	"I AM LOVABLE."
"I LOVE AND ACCEPT MYSELF JUST THE WAY I AM."	"EVERYTHING IS AS IT SHOULD BE."

Loving-Kindness Mantras module (continued): Users will be prompted to create a loving-kindness mantra. Suggestions are provided to assist users.



A common response to shame is avoidance. By cultivating mindfulness, you can become more skilled in staying in the present moment, regardless of uncomfortable feelings like shame. Below you will find brief recordings to practice mindfulness.

Body Scan

Mindful Walking

Five Senses

Leaves on a Stream

Mindful Moments

module: If users select the Mindful Moments icon, they will be educated on the importance of developing mindfulness skills to offset avoidance prompted by shame. Four audio recordings of guided mindfulness practices are provided (see Appendix D for audio recording scripts).



It can be difficult to separate from the thoughts inside of our heads, and shame can often underlie a lot of thoughts we have about ourselves. For example, “I’m a failure,” “I’m lazy,” or “I can’t do anything right.”

Shame can also sound like a lot of thoughts in your head involving words like *should*, *have to*, *must*, *can’t*, or *don’t*. For example, “I should know better,” “Good moms don’t take breaks,” or “I must get good grades.”

While these thoughts don’t feel particularly great, they are very common—you’re not alone! Learning to take a step back and detach from your thoughts can be a helpful tool in developing shame resilience.

Rephrase the Thought

Put Down the Thought

Watch Your Thoughts

module: If users select the Watch Your Thoughts icon, they will be educated on the nature of shame-based thoughts. Users will be prompted to try two exercises to facilitate cognitive defusion.



REPHRASE THE THOUGHT

Think of a thought you have about yourself that may be judgmental. Type it below, and Beyond Shame will change the thought slightly to help create some distance.

Example: I'm a loser.

Enter your thought below.
Type here

ENTER

Watch Your Thoughts

module: If users select the "Rephrase the Thought" button, they will be prompted to enter a shame-based thought. An example, "I'm a loser," is provided to assist users in identifying shame-based thoughts.



REPHRASE THE THOUGHT

Think of a thought you have about yourself that may be judgmental. Type it below, and Beyond Shame will change the thought slightly to help create some distance.

Example: I'm a loser.

Enter your thought below.
I am an idiot.

ENTER

Watch Your Thoughts

module: In this example, the user has typed in the thought "I am an idiot." *Beyond Shame* will then assist in rephrasing the user's thought to minimize cognitive fusion.



I notice I'm
having the
thought that
I am an idiot.

☐ Close this message.

Watch Your Thoughts

module: Upon pressing ENTER, a pop-up appears adjusting the thought to "I notice I'm having the thought that I am an idiot." Once users select "close this message," a new pop-up will appear (see next page).



By recognizing this as a thought—not an absolute fact—you create some distance between yourself and the thought. Try this when you notice shame-driven thoughts pop up.

☐ Close this message.

Watch Your Thoughts module: An additional pop-up provides further explanation to users for this exercise, facilitating increased understanding that thoughts are not necessarily factual.



PUT DOWN THE THOUGHT

This exercise uses your phone as a tool to demonstrate how we get caught up in our thoughts. Because of this, you may want to practice this in the privacy of your home, office, or car as it can look a little bit silly.

Think of a thought you have about yourself that may be judgmental. Type it below, and click PLAY to listen to the recording for further instructions.

Example: I'm stupid.

Enter your thought below.
Type here

PLAY

Watch Your Thoughts module: At the Watch Your Thoughts home screen, users can then select the “Put Down the Thought” button. Users will be prompted to enter another shame-based thought. An example, “I’m stupid,” is provided to assist users in identifying shame-based thoughts.



PUT DOWN THE THOUGHT

This exercise uses your phone as a tool to demonstrate how we get caught up in our thoughts. Because of this, you may want to practice this in the privacy of your home, office, or car as it can look a little bit silly.

Think of a thought you have about yourself that may be judgmental. Type it below, and click PLAY to listen to the recording for further instructions.

Example: I'm stupid.

Enter your thought below.
I am ugly.

PLAY

Watch Your Thoughts module: In this example, the user has typed in the thought "I am ugly." Upon pressing PLAY, an audio recording will play that guides users through an additional cognitive defusion exercise.



I AM UGLY.

This message will close after "Put Down the Thought" exercise is complete.

Watch Your Thoughts:

Upon pressing PLAY, a pop-up appears with the user's thought. Users are guided by audio recording through an exercise utilizing the phone screen to highlight how being fused with thoughts makes it difficult to function and how creating some distance (defusing) can assist in more adaptive functioning (see Appendix D for audio recording script).



Shame resilience takes practice! To help motivate continued practice, the Daily Engagement feature will provide you with encouragement, interesting resources, additional education, and quick tips for overall wellness.

☐ Do not show this message again.

Daily Engagement

Introduction: Users are introduced to the Daily Engagement feature. This prompt will only show upon first use of Daily Engagement. To highlight the kinds of material Daily Engagement will provide, a number of examples follow; the type of material will alternate each day (see Appendix E for additional content).



"Vulnerability sounds like truth and feels like courage. Truth and courage aren't always comfortable, but they're never weakness."
—Brené Brown

Motivation module:

Motivation will provide quotes, videos, and articles to help motivate users in their use of Beyond Shame. This wireframe shows a quote from a well-respected shame researcher.



At least once a week, Beyond Shame will provide a link to an interesting video or article.

The first video, **The Power of Vulnerability**, is from TEDxHouston by shame and vulnerability researcher Dr. Brené Brown. In this humorous and heartfelt talk, she highlights how shame unravels connection with others. (length 20:19)

Motivation module:

Motivation provides an external link to a video along with a brief description and length of the video.

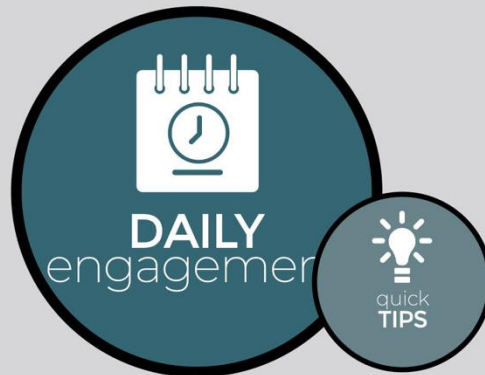


At least once a week, Beyond Shame will provide a link to an interesting video or article.

Kristin Neff is a renowned researcher on self-compassion. In this article, "[Why Self-Compassion Trumps Self-Esteem](#)," she discusses how being kind to ourselves can improve overall wellbeing. (approximately 12-minute read)

Motivation module:

Motivation provides an external link to an article along with a brief description and estimated length of the article.

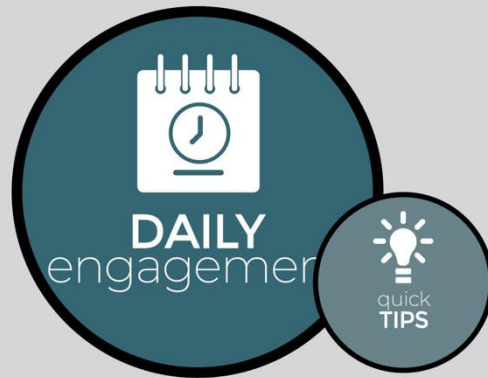


Engaging in pleasant activities is important for overall wellbeing. A few times each week, Beyond Shame will give you a couple of ideas to try! Even if the suggestions don't resonate with you, try to do at least one pleasant thing for yourself every day.

☐ Don't show this message again.

SHOW ME A QUICK TIP

Quick Tips module: Users are introduced to Quick Tips. This prompt will only show the first time a tip is provided.

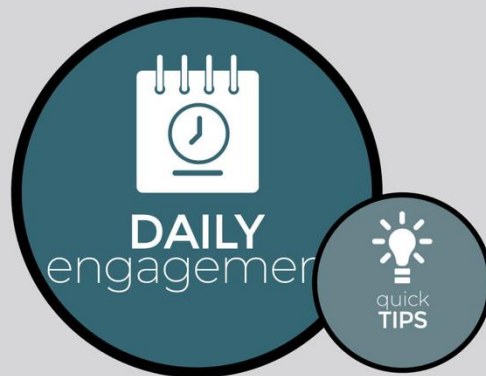


A few times each week, Beyond Shame will give you a couple of ideas to try!

Try to take time out of your day to relax in the sun, listen to your favorite music, or go for a hike.

☐ Close this message.

Quick Tips module: Quick Tips provides users with a number of ideas for pleasant activities in which to engage.

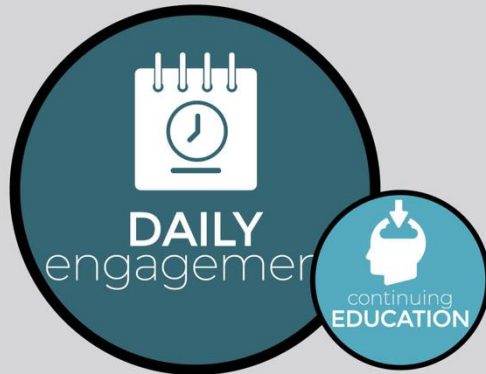


A few times each week, Beyond Shame will give you a couple of ideas to try!

Today, try doing a random act of kindness, like putting someone's shopping cart away for them or buying coffee for the next person in line at the coffee shop.

☐ Close this message.

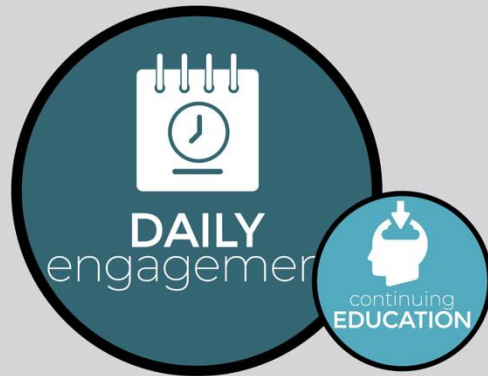
Quick Tips module: Quick Tips provides users with a number of ideas for pleasant activities in which to engage.



At least once a week, Beyond Shame will provide you with more in-depth information on shame and shame resilience as well as some opportunities to quiz your knowledge! To start, shame may physically feel the same way for women and men, but the common shame triggers are different. For women, shame occurs due to a variety of overlapping expectations - to be thin, beautiful, nice, and to make it all look effortless. For men, shame essentially stems from being perceived as weak. More information on these differences is to come.

☐ Close this message.

Continuing Education module: Users are introduced to Continuing Education. This prompt will only show the first time Continuing Education is presented.



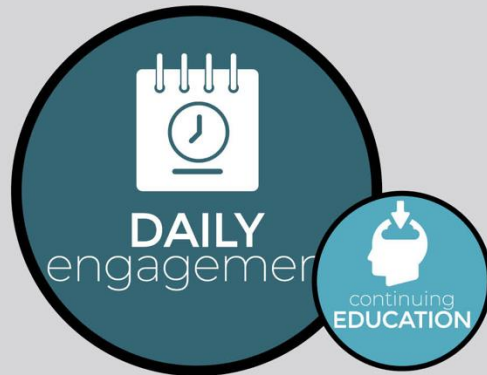
Did you know that people experience shame across a variety of similar categories? These generally fall into:

- a. Personal, social, or moral transgressions
- b. Individual failures
- c. Rejection or being socially excluded
- d. Experiencing trauma

Within these broader categories are more specific common shame triggers, such as family relationships, body image, money, and parenting. More info on those is to come.

☐ Close this message.

Continuing Education module: Continuing Education provides users with additional information about common categories in which people experience shame.



Body image is a common shame trigger for both men and women. Women are sold the idea that they must be thin and beautiful. However, if they are too thin, wear too much makeup, or dress in a way that is not deemed socially acceptable, shame is highly likely – and there are so many standards to keep up with. Men, on the other hand, are expected to be strong and physically fit – too “scrawny” or too overweight can bring about shame. There is hope! Simply being aware of these appearance ideals and talking about them more can help raise awareness of the hazards of body shame.

☐ Close this message.

Continuing Education

module: Continuing Education provides a more in-depth description of one of these shame trigger categories to increase user understanding and awareness.



Part of developing shame resilience is really understanding how to identify shame. Check out this scenario to see if you can figure out which reactions are shame based. Select all that apply.

Kris is supposed to give a report at work, but he had out-of-town guests all weekend and is under prepared. Kris decides to:

- ☒ Call in sick.
- ☐ Go forward with the meeting. He apologizes to the team for being under prepared, and promises to email additional information by the end of the day.
- ☒ Go forward with the meeting. He acts like everything is under control. When a colleague asks him a question that he doesn't know the answer to, he gets very defensive. Later he trash talks his coworker for being so pushy.
- ☐ Speaks to his boss first thing in the morning and requests to reschedule the meeting. Kris apologizes to his boss for his lack of preparation.

SHOW ME NEXT SCENARIO

Practice module: Practice provides users an opportunity to quiz their knowledge. Users are provided with a scenario and asked to identify shame-based responses. The correct answers are selected.



Part of developing shame resilience is really understanding how to identify shame. Check out this scenario to see if you can figure out which reactions are shame based. Select all that apply.

Kim is walking down the street when the heel of her shoe breaks, and she takes a little tumble. Some nice people see this happen and offer to help her up. Kim:

- ☐ Chuckles, shakes her head, and accepts the offer of help. She thinks, "Ugh, that wasn't awesome. Oh well! It happens!"
- ☒ Gets really quiet, brushes off the offer of help, gets up, and walks away as quickly as possible. She thinks, "Ugh, I can't believe I did that. I'm such an idiot—and everyone saw!"

SHOW ME NEXT SCENARIO

Practice module: Practice provides users with another scenario to identify a shame-based response. The correct answer is selected.




When shame occurs, it can be an intense and awful feeling. It can make it difficult to think clearly, and you may want to run away from your feelings. While this might feel helpful right away, it is not helpful in the long run!




The Support Over Shame, or S.O.S., feature of Beyond Shame is here for you when you are experiencing shame. Just click the S.O.S. icon from anywhere in the app, and you will be led through some coping tools to help you move through the shaming experience. Remember that you are not alone, and you will get through it – even if it is uncomfortable!

Support Over Shame (S.O.S.) Introduction:


Upon initial use, *Beyond Shame* will introduce users to the S.O.S. feature and how to access it via the Life Ring icon in the event of a shame experience.




SUPPORT
over shame




SOS
CHECK-IN



mindful
BREATHING



mindful
GROUNDING



opposite
ACTIONS

Take a deep breath. Shame is an intense feeling, but this will pass.

Remember:
[*User's loving-kindness mantra shown here*]

How intense are your feelings of shame right now?

1

2

3

4

5

6

7

8

9

10

NON-EXISTENT

SOMEWHAT

EXTREMELY

What triggered feelings of shame for you? Write a few brief details (e.g., where you were, if other people were involved, etc.). You can always edit this later to add more detail.

What triggered shame?

Type here

Reaching out to supportive people and talking about experiences of shame can be helpful, even though that may seem difficult.:

Name

Phone number

Name

Phone number

Name

Phone number

If you can't reach one of your people, text HOME to 741-741 to access the Crisis Text Line to connect with a crisis counselor.

SOS Check-In module:

When users click the Life Ring icon, the SOS Check-In will appear. Users are prompted to take a deep breath and reminded of their personal loving-kindness mantra. Users then log the intensity of shame along with a brief journal entry describing the event. Users are encouraged to reach out for social support.



Shame can make it feel like you are losing control and can't think straight. This will pass. Follow this breathing exercise. Slow down and center yourself.

You are about to engage in a deep breathing exercise. If you have a history of respiratory problems or easily experience shortness of breath, consult with your doctor before proceeding.

☐ Don't show this message again.

Breathe in Breathe out Breathe in Breathe out

Mindful Breathing

module: Upon initial use of the Mindful Breathing feature, a brief disclaimer will appear. Users can select not to show this message during subsequent uses.



Shame can make it feel like you are losing control and can't think straight. This will pass. Follow this breathing exercise. Slow down and center yourself.



Mindful Breathing

module: Users will be guided through a breathing exercise. A prolonged tone will guide users to inhale, a slightly lower tone will guide users to hold their breath, and an even lower tone will guide users to exhale. The image will be animated in coordination with the audible tone.



Shame can be a very intense emotion, and it can make it difficult to stay present. You may want to push the feeling away, replay what happened in your mind, or lash out in some way—or maybe all of these things at one!

Click a recording below to help you ground in the present moment, and remember that this feeling will pass.

Dropping Anchor (Seated)

Dropping Anchor (Standing)

Notice Five Things

Body Scan

Mindful Walking

Mindful Grounding

module: In Mindful Grounding, users can be led through grounding exercises via audio recording. Five audio recordings of guided mindful grounding practices are provided (see Appendix D for audio recording scripts).



When shame occurs, you may feel overwhelmed, lost, or unsure of what to do next. SOS is here to help!

IDENTIFY EMOTION

You already identified that you are experiencing shame. Are there other emotions you are experiencing right now along with it? See the list below and select any emotions that fit with your current experience.

HAPPY	AFRAID	SURPRISED	ANGRY
SAD	DISGUSTED	GRATEFUL	HUMILIATED
STARTLED	JOYFUL	BORED	LOVED
DISAPPOINTED	REJECTED	CONFUSED	AMUSED
LONELY	HESITANT	CRITICAL	INSECURE
AMAZED	PROUD	ASHAMED	DISAPPROVAL
DISTANT	ANXIOUS	EXCITED	ECSTATIC
GUILTY	JUDGMENTAL	WITHDRAWN	SCARED
HOPEFUL	TERRIFIED	WORTHLESS	REMORSEFUL
JEALOUS	ACCEPTED	EMBARRASSED	OPTIMISTIC
RESENTFUL	HURT	COURAGEOUS	RELAXED

If other, enter here:

Type here

NEXT

Opposite Actions module:

In Opposite Actions, users will be guided through the next five pages. First, users will be prompted to “Identify Emotion,” recognizing that other emotions may accompany shame experiences. They can select emotions from the list or enter their own. Pressing NEXT will take users to the following page.



CHECK THE FACTS

Briefly think about what happened. Are the emotions you're feeling a reasonable response to the situation? This question is not to invalidate the experience but rather to encourage checking in with yourself that there aren't other interpretations for what happened. Is there any chance you have misinterpreted things? If not, continue below.

Other interpretations?

Type here

NEXT

Opposite Actions module:

Users will be asked to "Check the Facts" by thinking of alternative interpretations of the shame experience in a brief journal exercise. Pressing NEXT will take users to the following page.



IDENTIFY URGES

Now that you have identified what emotions you are feeling, ask yourself—what do I want to do or say?

Perhaps the last thing you want to do right now is tell someone what happened. Maybe you want to sit in the corner and run through the situation in your mind again and again. Maybe you want to find someone to blame or take it out on your friend, romantic partner, or a stranger. Maybe you want to get away from everyone and go for a dangerously fast drive, drink alcohol, or dig into a pint of ice cream.

While these might be okay in moderation, they aren't necessarily healthy long-term strategies for reducing feelings of shame.

What do you want to do or say?

Type here

NEXT

Opposite Actions module:

Users will “Identify Urges” that resulted from the shame experience. Pressing NEXT will take users to the following page.



DETERMINE OPPOSITE ACTIONS

So look at the urge you are having and think – is this urge going to help or hurt the situation? If it will likely cause additional problems, then what could you do that would be opposite of that?

- If you want to isolate, call someone you trust and feel safe with.
- If you want to take it out on someone, perhaps do something kind for someone else, watch an uplifting video on the Internet, or list things you are grateful for.
- If you want to run away and/or do something risky, go for a walk in the neighborhood taking slow, deep breaths. Do something simple to distract yourself, like washing the dishes, playing with your pet or your kids, or folding laundry.
- If you want to numb the emotion with food or another substance, maybe go get some exercise to blow off steam or listen to music that makes you feel comforted.

What action will you take to help soothe yourself?

Type here

NEXT

Opposite Actions module:

Now that users have identified what they would like to do in response to shame, Beyond Shame will assist them to “Determine Opposite Actions,” identifying adaptive responses to shame. Users can identify what opposite actions they will take to self-soothe. Pressing NEXT will take users to the following page.



ENGAGE IN OPPOSITE ACTION
Now, whatever you have selected, try it out!
Don't push away your feelings while you're
taking the opposite action—just feel your
feelings as you go along.

GOOD WORK!

Opposite Actions module:
Users will be encouraged
to engage in the opposite
action.



SHAME EVENT LOG

Now that some time has passed, Beyond Shame wants to know how you are coping. If you are still feeling a lot of shame, click one of the SOS icons to revisit your coping tools. If you are feeling better, take a moment to reflect on your experience.

What triggered shame? Select all that apply.

FAMILY	PARENTING
ROMANTIC RELATIONSHIP	WORK
PROFESSIONAL	IDENTITY
EDUCATION	FINANCES
SEX	SEXUALITY
PHYSICAL APPEARANCE	PHYSICAL HEALTH
MENTAL HEALTH	AGING
RELIGION	OTHER

If other, enter here:

Type here

Shame Event Log module:

After 30 minutes, users will be prompted to check-in using the Shame Event Log to reflect on their experience. They will be able to select shame triggers from a list of common shame categories, or they can enter something more specific. This screen is continued on the next page.

What coping tools did you find most helpful?
Select all that apply.

TALKING TO A FRIEND
CRISIS TEXT LINE
MINDFUL BREATHING
DROPPING ANCHOR
NOTICE FIVE THINGS
BODY SCAN
MINDFUL WALKING
OPPOSITE ACTIONS
OTHER

If other, enter here:

Type here

Developing awareness of your triggers can
help to increase shame resilience.

What did you learn from your experience
today?

Type here

What can you do to take care of yourself?

Type here

☐ I am safe. Close this message.

Shame Event Log module (continued): Users will select which coping tools were effective and write a brief journal entry about what was learned from this experience of shame. Finally, users will be asked how they will engage in self-care before logging off.

Appendix D

Guided Practice Scripts

Coping Toolkit: Self-Compassion Practice

Loving-Kindness Practice

Begin by finding a comfortable position. Take note of how you feel in your body and start to notice your breath. It may be helpful to take a few deep breaths to settle in to your practice, letting go of everything you have done today up until now and everything you have yet to do. Just be here. Let your breath find its natural rhythm. No need to lengthen or deepen the breath – just breathe.

Draw your attention to the space around your heart and try to bring up a loving feeling. If at first this feels strange or difficult, it can be helpful to imagine how you would feel with a dear friend or loved one – a warm feeling in your heart. Bring this feeling of loving-kindness with you throughout this practice, directing it toward yourself.

Now ask yourself – what do I need to hear today? Perhaps you are facing a challenge and need encouragement and support. Maybe you are feeling sad or angry. You can create a word or phrase that feels supportive to you, or you can use the following traditional loving-kindness phrase: May I be peaceful...May I be peaceful. Continue directing this phrase or a phrase of your own toward yourself while holding a feeling of loving-kindness. May I be peaceful...May I be peaceful... [Period of silence]

If at any point, the practice begins to feel too intense, feel free to direct the feeling and phrase of loving-kindness outward. You could direct this toward someone dear to you, such as a family member or friend. It can sometimes feel foreign to be kind and loving to ourselves, so beginning the practice by directing loving-kindness outward is a good stepping stone. There is still benefit regardless. [Period of silence followed by a bell to indicate the end of the loving-kindness recording]

(Brach, 2003, p. 217-220; Kabat-Zinn, 1994, p. 164-168)

Compassionate Self Practice

Begin by finding a comfortable position. Take note of how you feel in your body and start to notice your breath. It may be helpful to take a few deep breaths to settle in to your practice, letting go of everything you have done today up until now and everything you have yet to do. Just be here. Let your breath find its natural rhythm. No need to lengthen or deepen the breath – just breathe.

Bring to mind an image of yourself, either as you are now or picture yourself going about your day. Imagine all of the qualities you associate with a compassionate person – caring, thoughtful, warm, and friendly. Imagine yourself with these qualities, remembering that these qualities are within you. Remember that even when you are not feeling compassionate, this compassionate self exists within you.

Now imagine that your compassionate self also gives you strength – as you are kind and compassionate to yourself, you are better equipped to be kind and compassionate to those around you. You have a deep understanding that everyone has challenges and feels doubtful sometimes – and you can hold this with a sense of non-judgment. You are able to be tolerant while feeling confident and comfortable in your own skin. You can hold yourself with a feeling of kindness and warmth, the way you would for a dear friend. No need to beat yourself up for anything that is troubling you nor do you need to blame others. You can handle whatever comes your way and your compassionate self can support you throughout.

(Gilbert, 2011)

Coping Toolkit: Mindful Moments

Body Scan

Take a deep breath and take note of how you feel in your body. Let your breath follow its natural rhythm. As I say each part of the body, draw your attention there. Take note of how you are feeling, without judgment, and perhaps you will notice places where you can release some tension – and if not, that’s okay, too. Just sit with it.

Bring your attention to the top of your head... your forehead... eyes... cheeks... release your tongue from the roof of your mouth... part your back teeth to help relax your jaw... down through your neck... bring your attention to your right shoulder... upper arm... elbow... forearm... hand and fingers... back up to your left shoulder... upper arm... elbow... forearm... hand and fingers... now up into your chest, feeling the breath... down into your abdomen... to your upper back... middle back... lower back... down into your hips... and your sits bones... noticing the strength of your body, holding you upright... bring your attention to your right thigh... knee... shin and calf... foot and toes... now into your left thigh... knee... shin and calf... foot and toes... and now just let your attention float freely throughout your body, taking note of any places of remaining tension. See if you can release just a little bit more. Take a final deep breath in.

(Kabat-Zinn, 1994, p. 155-156)

Mindful Walking

Take a deep breath as you begin to walk and note how you feel in your body. Let your breath follow its natural rhythm. Begin to slow your pace as you become aware of your body while you walk. Notice your breathing. Notice your posture. Notice the temperature of the air, a slight breeze on your skin. Bring your awareness to your feet...notice how your feet feel – are you wearing shoes, or are you barefoot? What does the surface feel like under your feet?

Now slowly sense each toe, one by one...notice the balls of your feet making contact with the ground... Notice the heels of your feet as they connect with the ground... And as you walk, notice the progression of contact with the ground from heel to ball to toes before lifting back up... It may be helpful to label each part of your foot as it connects with the ground to help maintain focus and connection. Heel... ball... toes... heel... ball... toes... repeating slowly as you walk.

(Kabat-Zinn, 1994, p. 147-148)

Five Senses

Take a deep breath and take note of how you feel in your body. Let your breath follow its natural rhythm. Start to notice your surroundings. Select something in your line of sight and place your focus here. What do you notice? What colors do you see? Textures? Is there movement or does this thing remain still? Notice what it feels like to pay close attention to what you see...

Now tune into the sounds around you. Is it quiet and peaceful? Or is there a lot of commotion? Do you find your attention getting pulled in a particular direction? Notice what it feels like to pay close attention to what you hear...

Now, what smells do you notice? Perhaps there aren't many as you first draw your attention here... As you notice the smells near you, do you find yourself labeling them in a particular way? Perhaps as pleasant and unpleasant? Notice what it feels like to pay close attention to what you smell...

Now notice what you can taste in this moment. Maybe you ate something recently and the taste lingers. Or maybe the taste in your mouth is relatively neutral. Just notice what it feels like to bring your concentrated attention to what you taste...

Now bring your attention to the sensation of physical touch. If you are sitting down, notice the texture of what you are sitting on... the temperature... Is there a breeze where you sit? Notice the feeling of the clothing on your skin – the difference in texture and weight of the fabric... Just notice, without judgment, how it feels to pay close attention to your sense of touch.

Release this sense of focused attention and let it wander. Notice where your attention is drawn and what it feels like to be mindfully aware of your surroundings.

(Gutierrez & Hagedorn, 2013)

Leaves on a Stream

Take a deep breath and take note of how you feel in your body. Let your breath follow its natural rhythm. Imagine that you are sitting by a stream. You can hear the water flowing past and can see the light sparkling off the surface of the water. You notice that there are leaves floating along on the stream.

Imagine that these leaves are able to hold your thoughts. For the next few minutes, as thoughts arise in your mind, simply place them on a leaf and let it float down the stream. Do this no matter what kind of thought it is – enjoyable, painful, or neutral. Even if they are thoughts that you would like to focus on, for now, just place them on a leaf and let them float away.

If you notice that you aren't having many thoughts, that's okay. Just watch the stream as it goes by. And as thoughts come back up, just place them on a leaf.

Let the stream flow at its natural pace, no faster or slower than it was. Even though it might be tempting to speed up the flow of the water, remember that you are just trying to watch your thoughts float away without forcing them.

If your mind wanders, as it likely will, just acknowledge that you've been lost in thought and bring yourself back to the stream. If you have thoughts like, "This is too hard" or "I feel silly" – that's okay, just place those thoughts on a leaf, too.

(Harris, 2009, p. 113)

Coping Toolkit: Watch Your Thoughts

Put Down the Thought

Now that you have identified a shame-based thought, look at it on the screen and completely focus on it – maybe say it over in your mind a few times. ...Probably doesn't feel too great, right? These thoughts can be very painful.

Now here's the part where you might look a bit silly, but just give it a try. Hold your phone firmly with both hands and bring it up in front of your eyes – close to your face so it's almost touching and all you can see is your thought on the screen. Now imagine that a friend is sitting across from you – what would it be like to have a

conversation with them while you're stuck in your thoughts? ...would you feel like you could genuinely connect with them? ...would you be able to take in nonverbal cues, like your friend smiling or nodding? ...if they were telling you a story, would you be able to really listen with this thought distracting you like this? ...how about the rest of your surroundings? Would you ever be able to get anything done or enjoy the world around you?

When shame-based thoughts are dominating our minds, it's really hard to focus on much else. Our minds can be very mean, and the more we get wrapped up in these thoughts, the harder it is to be present for anything else!

You can take your phone down from your face now, but keep holding it tightly with both hands. Hold it as tightly as you can. Now imagine going to work or school like this. Would you be able to do paperwork or take a test holding tightly to your thought like this? When you got home, would you be able to play with your pet or hug your loved ones or cook a meal?

It would probably be pretty hard, right? I know I couldn't! Dwelling on shame-based thoughts is not only painful but they also make it extremely difficult to concentrate, be present, and get anything done.

Now try setting your phone down in your lap with the screen facing up so you can still see your thought. How does that feel now? Even though the thought hasn't gone away, it is probably commanding way less attention. It could still hook you if you wanted – try staring back at the screen again for a few seconds, and you'll probably see that it's easy to start dwelling once again.

But then look up at the world around you – notice what you see around you. These thoughts can feel so big in our minds, but if we drop the storyline and engage with the world around us, we may find that they get a bit smaller and hold less power. Remember - just because you thought something doesn't make it true!

(Harris, 2009, p. 104-107)

S.O.S.: Mindful Grounding

Dropping Anchor (Seated)

Take a deep breath and notice how you feel in your body. Press your feet hard into the floor. Notice the feeling of your muscles flexing as you press down. Notice the ground beneath your feet, the seat beneath you, and how you are supported. Sit up in your seat, sending energy up through your spine. Notice how you are sitting. Notice how your body feels. Notice your surroundings. Notice what you see. Notice what you smell. Notice what you feel. Notice what you hear. Notice what you're doing right now...

Now take a deep breath, all the way deep into your belly...and exhale...Another deep breath, feeling the air come in, like it is going all the way down into your feet...Keep breathing in this way, and keep pressing your feet firmly into the floor...Notice how your mind may be pulling you elsewhere – remember that this is totally normal, and see if you can bring yourself back to the present. Notice your surroundings...notice what you're doing right here, right now.

(Harris, 2009, p. 171)

Dropping Anchor (Standing)

Take a deep breath and notice how you feel in your body. One at a time, press your feet hard into the floor. Notice the feeling of your muscles flexing as you press down. Notice the ground beneath you and how you are supported. Stand up straight, sending energy up through your spine. Notice how you are standing...Notice how your body feels. Look around at your surroundings. Notice what you see...Notice what you smell... Notice what you hear...Notice what you're doing right now...

Now take a deep breath, all the way deep into your belly...and exhale...Another deep breath, feeling the air come in, like it is going all the way down into your feet...Keep breathing in this way, and keep pressing your feet firmly into the floor...Notice how your mind may be pulling you elsewhere – remember that this is totally normal, and see if you can bring yourself back to the present. Notice your surroundings...notice what you're doing right here, right now.

(Harris, 2009, p. 171)

Notice Five Things

Take a deep breath and notice how you feel in your body. Just pause. Start to notice your surroundings. Look around. What are five things that you can see? Label them in your mind...Now, listen carefully. What are five things that you can hear? Label them in your mind...

Now, bring your attention back to your body. What are five things you can feel right now? Perhaps the feeling of your shirt touching your arm, a breeze on your cheek, or your feet on the ground. Label these in your mind...

Now, you can continue labeling the things in your surroundings that you see, hear, and feel, even as this recording comes to an end. This can help you stay present and aware of what is going on around you.

(Harris, 2009, p. 171)

Body Scan

Take a deep breath and take note of how you feel in your body. Shame can feel intense in the body, so if at any point the sensations get to be too much, draw your attention back to your breath. Let your breath follow its natural rhythm. As I say each part of the body, draw your attention there. Notice how you feel, without judgment, and perhaps you will notice places where you can release some tension – and if not, that’s okay, too.

Bring your attention to the top of your head... your forehead... eyes... cheeks... release your tongue from the roof of your mouth... part your back teeth to help relax your jaw... down through your neck... bring your attention to your right shoulder... upper arm... elbow... forearm... hand and fingers... back up to your left shoulder... upper arm... elbow... forearm... hand and fingers... now up into your chest, feeling the breath... down into your abdomen... to your upper back... middle back... lower back... down into your hips... and your sits bones... noticing the strength of your body, holding you upright... bring your attention to your right thigh... knee... shin and calf... foot and toes... now into your left thigh... knee... shin and calf... foot and toes... and now just let your attention float freely throughout your body, taking note of any places of remaining tension. See if you can release just a little bit more. Take a final deep breath in.

(Kabat-Zinn, 1994, p. 155-156)

Mindful Walking

Take a deep breath as you begin to walk and note how you feel in your body. Let your breath follow its natural rhythm. Begin to slow your pace as you become aware of your body while you walk. Notice your breathing. Notice your posture. Notice the temperature of the air, a slight breeze on your skin. Bring your awareness to your feet...notice how your feet feel – are you wearing shoes, or are you barefoot? What does the surface feel like under your feet?

Now slowly sense each toe, one by one...notice the balls of your feet making contact with the ground... Notice the heels of your feet as they connect with the ground... And as you walk, notice the progression of contact with the ground from heel to ball to toes before lifting back up... It may be helpful to label each part of your foot as it connects with the ground to help maintain focus and connection. Heel... ball... toes... heel... ball... toes... repeating slowly as you walk.

(Kabat-Zinn, 1994, p. 147-148)

Appendix E

Daily Engagement Example Content

Shame resilience takes practice! To help motivate continued practice, the Daily Engagement feature will provide you with encouragement, interesting resources, additional education, and quick tips for overall wellness. (*Note: Each number is one day.*)

- 1) “Vulnerability sounds like truth and feels like courage. Truth and courage aren’t always comfortable, but they’re never weakness.” – Brené Brown
- 2) Engaging in pleasant activities is important for overall wellbeing. A few times each week, *Beyond Shame* will give you a couple of ideas to try! Even if the suggestions don’t resonate with you, try to do at least one pleasant thing for yourself every day. For example, try going for a hike, taking time out of your day to relax in the sun, or listen to your favorite music.
- 3) At least once a week, *Beyond Shame* will provide you with more in-depth information on shame and shame resilience as well as some opportunities to quiz your knowledge! To start, shame may physically feel the same way for women and men, but the common shame triggers are different. For women, shame occurs due to a variety of overlapping expectations – to be thin, beautiful, nice, and to make it all look effortless. For men, shame essentially stems from being perceived as weak. More information on these differences is to come.
- 4) “Take rest; a field that has rested gives a bountiful crop.” – Ovid
- 5) At least once a week, *Beyond Shame* will provide a link to an interesting video or article. The first video, *The Power of Vulnerability*, is from TEDxHouston by shame and vulnerability researcher Dr. Brené Brown (https://www.ted.com/talks/brene_brown_on_vulnerability). In this humorous and heartfelt talk, she highlights how shame unravels connection with others. (video length 20:19)
- 6) Today, try taking a nice long bath, cooking a new recipe, or calling a friend.
- 7) “When we begin to see clearly what we do, how we get hooked and swept away by old habits, our usual tendency is to use that as a reason to get discouraged, a reason to feel really bad about ourselves. Instead, we could realize how remarkable it is that we actually have the capacity to see ourselves honestly, and that doing this takes courage. It is moving in the direction of seeing our life as a teacher rather than as a burden. This involves, fundamentally, learning to stay present, but learning to stay with a sense of humor, learning to stay with loving-

kindness toward ourselves and with the outer situation, learning to take joy in the magic ingredient of honest self-reflection.” – Pema Chödrön

8) Did you know that people experience shame across a variety of similar categories? These generally fall into:

- a. Personal, social, or moral transgressions
- b. Individual failures
- c. Rejection or being socially excluded
- d. Experiencing trauma

Within these broader categories are more specific common shame triggers, such as family relationships, body image, money, and parenting. More information on those is to come.

9) Today, try getting out to a farmer’s market, browsing a local bookstore, or watching a sporting event.

10) “The curious paradox is that when I accept myself just as I am, then I can change.” – Carl Rogers

11) Remember how empathy is an antidote for shame? Here is a great animated short highlighting the difference between empathy and sympathy:
https://www.youtube.com/watch?time_continue=162&v=1Evwgu369Jw (video length 2:53)

12) “Nobody’s perfect, so give yourself credit for everything you’re doing right, and be kind to yourself when you struggle.” – Lori Deschene

13) Today, try doing a random act of kindness, like putting someone’s shopping cart away for them or buying coffee for the next person in line at the coffee shop.

14) Part of developing shame resilience is really understanding how to identify shame. Check out this scenario to see if you can figure out which reactions are shame based. Select all that apply. (*Note: a and c are shame based*)

Kris is supposed to give a report at work, but he had out-of-town guests all weekend and is under prepared. Kris decides to:

- a) Call in sick.*
- b) Go forward with the meeting. He apologizes to the team for being under-prepared and promises to email additional information by the end of the day.*

- c) *Go forward with the meeting. He acts like everything is under control. When a colleague asks him a question that he doesn't know the answer to, he gets very defensive. Later he trash talks his coworker for being so pushy.*
- d) *Speaks to his boss first thing in the morning and requests to reschedule the meeting. Kris apologizes to his boss for his lack of preparation.*

- 15) "Quiet the voice telling you to do more and be more, and trust that in this moment, who you are, where you are at, and what you are doing is enough. You will get to where you need to be in your own time. Until then, breathe. Breathe and be patient with yourself and your process. You are doing the best you can to cope and survive amid your struggles, and that's all you can ask of yourself. It's enough. You are enough." – Daniell Koepke
- 16) Today, try doing a relaxing activity like knitting, coloring in a coloring book, playing cards, or playing with Legos (these aren't just for kids, you know!).
- 17) Kristin Neff is a renowned researcher on self-compassion. In this article, "Why Self-Compassion Trumps Self-Esteem," she discusses how being kind to ourselves can improve overall wellbeing:
https://greatergood.berkeley.edu/article/item/try_selfcompassion/
 (approximately 12-minute read)
- 18) "You're born with worthiness. You don't have to hustle for it. There's no prerequisites for it. There's no bartering for it. You're born with it. As soon as you come out of the womb, you're worth it." – Viola Davis
- 19) Body image is a common shame trigger for both men and women. Women are sold the idea that they must be thin and beautiful. However, if they are too thin, wear too much makeup, or dress in a way that is not deemed socially acceptable, shame is highly likely – and there are so many standards to keep up with. Men, on the other hand, are expected to be strong and physically fit – too "scrawny" or too overweight can bring about shame. There is hope! Simply being aware of these appearance ideals and talking about them more can help raise awareness of the hazards of body shame.
- 20) Today, try getting yourself something small that will make you happy – maybe a favorite food, fresh flowers, or a new book or video from the library.
- 21) "When perfectionism is driving, shame is always riding shotgun, and fear is the annoying backseat driver." – Brené Brown

- 22) Here is Brené Brown's follow-up TED Talk after her talk on vulnerability went viral. In *Listening to Shame* she discusses shame in greater detail, including the different experiences of men and women.

https://www.ted.com/talks/brene_brown_listening_to_shame. (video length 20:32)

- 23) Today, look through the free events or places to visit in your area – find something new and different to try!

- 24) “Don’t assume, ask. Be kind. Tell the truth. Don’t say anything you can’t stand behind fully. Have integrity. Tell people how you feel.” – Warsan Shire

- 25) Check out this scenario to see if you can figure out which reaction is shame based. Select all that apply. (*Note: b is shame based*)

Kim is walking down the street when the heel of her shoe breaks, and she takes a little tumble. Some nice people see this happen and offer to help her up. Kim:

- a) Chuckles, shakes her head, and accepts the offer of help. She thinks, “Ugh, that wasn’t awesome. Oh well! It happens!”*
- b) Gets really quiet, brushes off the offer of help, gets up, and walks away as quickly as possible. She thinks, “Ugh, I can’t believe I did that. I’m such an idiot – and everyone saw!”*

- 26) “Shutting Shame Down,” by Jessie Sholl, discusses the impact of shame and ways to overcome it. Some of this will be review, but it’s a good read nonetheless!

<https://experiencelife.com/article/shutting-shame-down/#.WiRn5y9f6hA.email> (approximately 13-minute read)

- 27) Today, let someone you care about know that by sending a letter, card, text, or email. Better yet, call the person!

- 28) “Fear, to a great extent, is born of a story we tell ourselves, and so I chose to tell myself a different story.” – Cheryl Strayed

- 29) “Mindfulness and Difficult Emotions” – Sharon Salzberg discusses how practicing mindfulness can increase our ability to sit with difficult emotions, allowing us to move through them without resistance (and resistance is where the problem-causing behaviors reside). <https://tricycle.org/magazine/mindfulness-and-difficult-emotions/> (approximately 4-minute read)

30) Check out this scenario to see if you can figure out which reactions are shame based. Select all that apply. (Note: a, c, and d are shame based and represent moving away, moving against, and moving toward, respectively)

Ray is working in their job at the local bookstore. Recently, their boss has been asking them to do the tasks of a supervisor without additional compensation, and they are starting to feel overworked. In a moment of frustration, Ray vents to a co-worker about their concerns, not noticing that their boss has entered the store behind them. When Ray realizes their boss overheard, they:

- a) Immediately walk out and never return to the bookstore again.*
- b) Take three deep breaths and go apologize to their boss. They advocate to set up an additional meeting to talk about their concerns about being overworked at a later time.*
- c) Follow their boss into the office and start berating them about unfair treatment.*
- d) Follow their boss into the office, start apologizing profusely, and offer to work late for the next three weeks to make up for what they said.*

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